

THE ALKALOIDAL CLINIC

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POISONOUS SNAKES.

RARELY do we see anything printed concerning poisonous snakes or the treatment of their bites, but we wish the writer had looked up the authorities before rushing into print. It is well to know what has been done previously. And as we sometimes practise what we preach, we sent for a publication of the Smithsonian Institution, entitled, "Poisonous Snakes of North America," and read it before sitting down to write this article. And here are a few of the interesting things we found:

The coral or harlequin snake of Florida is considered the most dangerous of all our serpents, not only from the venomous nature of its bite but because it is usually considered harmless. This is from its gentle disposition, as it rarely attacks even a child, unless injured. It is, however, a near relation of the cobra of India, and is to be shunned. The numerous varieties of the rattlesnake come next in toxicity, then the copperheads and moccasins.

The home of the coral snake is in Florida, though it is found in all the

Gulf states, Georgia and South Carolina, and for an indeterminate distance up the Mississippi valley. It is often mistaken for a harmless snake; the king, scarlet, Osceola's and Le Conte's snakes resembling it to some extent.

The other venomous snakes are called pit vipers, from a curious depression on the side of the head, between the eye and the nostril. This is believed by Stejneger to be a sixth sense organ the nature of which is unknown.

The story of the young couple who built their nuptial bower against a cliff, and were killed by the reptiles aroused by the heat of the fire, is pronounced to be at least 200 years old; one of those indestructible fables that periodically revive in the anecdotage of journals published in the country.

The theory of snakes charming their victims is so venerable that it is with a sense of the sacrilegious that we read of its demolition. Careful observation shows there is nothing of truth in it. Birds supposed to be charmed have already been bitten, and fall into the serpent's mouth from the effects of the

venom. Kipling had better revise the story of Rikkitikki-tavi.

The copperhead is also known as the upland moccasin, chunkhead, deaf adder and pilot snake. It is much less venomous than the rattlesnake. Yarrow could find but one fatal case resulting from its bite, a child six years old. Though slow, the copperhead is much more aggressive than the rattler.

The water moccasin or cotton-mouth is found in the same sections as the coral snake. They are the terrors of the negroes, since the water moccasin attacks everything that comes within its reach. Its venom is less virulent than even the copperhead, but it is more to be dreaded because it is much larger. Reports of cases are scarce. Some years ago it was stated that not a single authenticated report of a fatal case could be found.

The ground rattler of the prairies is greatly feared by the farmers, but Kirtland compares the bite with the sting of a hornet, though Hay values it as a whole colony of hornets, with which Stejneger coincides.

It is fiercer than the banded rattler, the rattle is little developed and gives slight warning, but the venom is less virulent, failing to kill a cat, and the symptoms disappearing entirely in 36 hours.

Of the rattlesnakes ten varieties are mentioned, the largest being the diamond rattler. The largest of these mentioned was killed by J. H. Norton, of Jacksonville, Fla., and was 8 feet 9 inches in length. These huge reptiles throw about a teaspoonful of venom, and yet fatalities from them are uncommon.

In 1843 Lucien Bonaparte found that the venom of snakes consisted of an albumose, to which he gave the name of

viperine. Subsequent observers have confirmed this view and given new names to the venomous principle. Mitchell and others showed that there were several toxic principles in the venom. The venom when dry keeps its activity for many years, so that an old fang may be dangerous. When moist the venom is subject to decomposition. The toxic properties are not dependent upon microorganisms, alkaloids, glucosides or acids. Boiling does not destroy the venom unless long continued. That of the cobra requires two hours boiling to destroy its toxicity.

As in the case of the poison of the amanita phalloides, there is not and cannot be a chemical antidote to snake venom, which after the introduction of the poison into the blood can enter and destroy the venom there without also destroying the blood itself.

In the most rapid poisoning, Mitchell found no appreciable lesions except the bite, and some minute capillary hemorrhages. In chronic cases the local and systemic changes were enormously more extensive.

Kaufmann found that when the venom was injected directly into the blood vessels, its effects were produced with lightning-like rapidity, as nervous, circulatory, respiratory and digestive disturbances. A very short primary stimulation was followed by drowsiness lasting till death. The intellect was long unaffected. Sensibility and voluntary and reflex motion are rapidly affected. Arterial tension is enormously lowered, from vascular dilatation, mostly in the abdominal viscera. Pulse quite fast and weak. Respiration and calorification slightly depressed. Death is due to gas-



The anopheles mosquito should not be killed by the hand, as it often contains the parasite of elephantiasis. Loeb, *Phila. Med. Jour.*

The Semi-Teetotal Pledge Association has adopted a badge inscribed with the legend: "No drinks between meals." Better never. A.

trointestinal apoplexy and direct stupefying action on the nervous system.

Hypodermic injections into the tissues cause identical symptoms, with local effects at the wound, such as swelling, discoloration purple or black. Death comes fast, with internal hemorrhages, but slower than when injected into the blood. The blood serum contains the venom in activity.

Mitchell found that the following agents destroyed the venom when brought in contact with it. Potassium permanganate, ferric chloride, iodine, and bromine. To these Kaufmann added chromic acid. Of this a one per cent solution injected five minutes after the venom saved the animal's life. Potassium permanganate and corrosive sublimate also saved the animals, but the chromic acid gave the best results.

Mueller of Australia introduced strychnine as the true antidote to snake poison. The two poisons neutralize each other, so that the ordinary doses of strychnine must be greatly exceeded. The failures are due to timid dosage. Even tetanic convulsions are of little danger and may be actually necessary to overcome the splanchnic paralysis. The dose must be regulated by the danger. If the symptoms show a large dose of venom has been injected, and time has elapsed, from 16 to 25 minims of liquor strychninæ, P. B., should be injected for a person over 15 years of age. Even children require comparatively large doses, since they have to counteract the same dose of the venom. The action of the strychnine is so prompt that only fifteen to twenty minutes need elapse before further treatment is instituted. Another injection may then be required, and even a third. The action is not cumulative and there

is no such danger of overaction when the antagonist is removed as we see when morphine is given for gallstone colic. When the symptoms have abated, or if mild at first, smaller doses of strychnine should be given, from gr. 1-10 to 1-15, but distinct strychnine symptoms must always be produced before the remedy is discontinued. Even after apparent recovery the insidious action of the venom, paralyzing the vasomotors and storing the blood in the dilated abdominal vessels, causing cerebral anemia, may cause death. The tendency to relapse is always great when large doses of venom have been injected. The strychnine is to be resumed thereupon, though smaller doses suffice. For snakes larger and more venomous than those of Australia, Mueller advises that the strychnine be given in doses of half to one grain, intravenously.

Yarrow has called attention to the value of jaborandi and its alkaloids, but fails to distinguish which of them he means, and as their action is diametrically opposite, one must be wrong if the other is right. Pilocarpine may act as an eliminant, and would then be useful following strychnine, but it relaxes vasomotor tension as the venom does.

Alt has shown that part at least of the venom is eliminated into the stomach, and Mueller believes the kidneys carry off a part.

In treating a case of snakebite, the first thing is to ascertain if it is really such an injury. The two punctures tell this, and their closeness shows the size of the snake, on which the danger depends. The variety of the reptile should be ascertained, if possible, as the treatment varies.

If the venom has been injected directly

Of primary anesthesia dies the emergency case, that chronically ill and exhausted, that with a definite visceral lesion.—Robinson.

Shock arises from anesthesia or from the trauma of operation. Unskilled work, slow progress, rude and multiple manipulations.

into the circulation the chance of recovery is very slight. Stimulate the nerve centers with large doses of strychnine intravenously until tetanic symptoms arise, and coma lifts. Similar treatment is indicated in cases of slow poisoning when the patient has reached the stage of collapse, if within 24 hours, after which strychnine is useless.

When in slow poisoning the case is seen soon, localize the venom by ligating between the wound and the heart, incise the wound and remove as much as possible of the venom by sucking or cupping, and if a stimulant is needed, alcohol in small doses only may be given. If the snake is a rattler, copperhead or water moccasin, the local lesion needs attention. Inject two or three drops of a watery solution of chromic acid, one per cent, into the puncture of each fang, the incised wound, and the surrounding swelling, as quickly as possible. Knead the tissues to bring the acid in contact with the venom. Potassium permanganate, gold chloride or corrosive sublimate may be used if more quickly procurable. The same strength solution is advised.

When any of these is quickly applied, amputation seems needless. It can only be thought of in extreme cases and exceptional circumstances, when other means are wanting.

Then attend to the venom that has entered the system. Give small doses of alcohol, wash out the stomach, give sweats and diuretics. Jaborandi or pilocarpine is indicated. Hypodermics of liquor strychniæ, P. B., 15 to 20 minims, every 20 minutes till slight tetanic spasms appear; constant watch for re-

lapses, and attention to local lesions does the rest.

The venom of the coral snake is very rapid, the local effects insignificant. The prognosis is much worse. Still the attempt to destroy the venom by injecting chromic acid, etc., should be made. Then the above treatment should be given.

In children the doses of the antidote should be gauged by the venom to be met rather than by the age of the patient. The coral snake is the most dangerous, the rattlesnake next, then the copperhead, and the water moccasin last. Otherwise the danger is relative to the size of the snake and the quantity of the venom injected.

Preliminary treatment: Apply the ligature to the bitten member; cut deeply into the punctures to make the blood flow freely; the wound may be sucked without danger, unless there is a wound in the sucker's mouth; loosen the ligature a little occasionally to prevent strangulation and mortification; give small doses of any stimulant at hand, alcohol or ammonia; if the doctor is distant, try to secure free perspiration.

There may be extreme cases requiring amputation or cautery, but the writer well characterizes them as barbarous.

Persons going into districts where there is danger of snake bites may carry a case containing a suction apparatus, hypodermic outfit, strychnine tablets in plenty, chromic acid, and another syringe for it.

It has been shown that the blood serum of venomous snakes and of the harmless varieties that are immune against the bites of the former, contains the same venom, derived from the sali-



It is rare now to lose a case from hemorrhage. A ligature or clamp may slip, or secondary hemorrhage may arise.—Robinson.

With an empty bowel, which is a quiet one, sepsis is not widely distributed by vigorous peristalsis.—Byron Robinson.

vary glands. The blood of any serpent should therefore be dreaded unless positively known to be innocuous. On this fact the production of the protective vaccines is founded.

The greatest enemy of the venomous snake is the non-poisonous, but immune snake, such as the king snake. As these reptiles are very destructive to mice and other injurious animals, it is wise to spread the knowledge of their value, as the man to whom a snake is simply a snake, and to be killed for the original seductive propensities of the paradisiac serpent, these useful animals run a greater chance of extermination than their dangerous cousins.

The principal objection we make to the foregoing plan is the use of alcohol. As this relaxes the vasomotors it aids the action of the venom. And by opening the vessels it facilitates the absorption of the venom, exactly what we do not wish. The only good it can possibly do is to combat the influence of fright.

The other vasomotor tensors may be employed in the absence of strychnine, such as digitalin, strophanthin, caffeine, sparteine, adonidin, convallamarin, barium chloride. It would seem that adrenalin would find here an effective application, and we expect soon to hear of its trial.

We may not have sufficiently insisted on the necessity of perseverance in the use of strychnine in huge doses. As long as the patient is sinking into coma, or evidences of cerebral anemia are recurring, the drug must be kept up. The doses may counteract the venom absorbed and cause improvement, and then as fresh venom is absorbed the effect dies

out. Keep up the strychnine then; as long as tetanic spasms are absent there is no overdose.

A little judicious giving has made many a weak man, fairly strong.

UNCINARIASIS, OR. HOOKWORM DISEASE.

In the *Denver Medical Times* Spivak treats of this affection. The worm is an inch long or less, as thick as a hatpin, with sharp teeth and a strong sucking apparatus. The American variety has semilunar plates instead of hook teeth. The eggs measure 72 by 40 micromillimeters, have a thin shell, are laid in the bowel and must emerge to develop. The embryo lives in moisture. The larva undergoes five changes before reaching the mature state. The larvæ are swallowed with water or food. Clay-eaters are very liable. The worm may penetrate the skin, causing the ground-itch of the coolie.

The anatomic appearances of those affected are, muscles flabby and pale, fat increased, dropsies frequent, anemias, heart enlarged, liver and spleen atrophied or amyloid, stomach often dilated, bowel contains much bile-stained mucus, ecchymoses in jejunum and duodenum, with thousands of the worms attached tightly. The mesenteric glands are enlarged. The marrow of large bones is yellow and fatty, that of small bones pale red.

The symptoms are, heaviness in stomach, periodic or constant, colics, nausea, heartburn and vomiting often; weakness and debility increasing daily, exhaustion at smallest exertion, pallor of skin and



Deaths from nephritis after surgical operations are much more numerous than is popularly supposed.—Byron Robinson.

The continuous use of morphine diminishes the secretion of gastric acid, and the stomach's motility also.

mucosa, the development of pernicious anemia; skin pale, dirty yellow, flabby, cold, dry, even in negroes deadly pale; ringing ears, vertigo, palpitation, short breath and fainting on slightest exertion; pulse becomes fast, intermittent, threadlike, carotid pulsation marked, systolic blowing, second heart-sound accentuated and audible at a distance; respiration shallow and fast; blue spots on tongue. No hemorrhages from stomach or bowels has been noted. The red blood cells are scarce and pale. Eosinophiles are markedly increased.

The diagnosis may be guessed by the occupation involving dirt, as working in clay, brick, tunnels, mines, canals, soldiers, travelers. Anemias of high grade call for examination of feces. Look for blue spots on the tongue. Charcot-Leyden crystals in the feces point to parasites. The presence of the eggs in the feces is positive.

The prognosis is good with proper treatment; spontaneous cures are unknown. The expulsion of the parasites is followed by recovery, immediate or slow if pernicious anemia has developed.

The treatment is simple—thymol. No preparation is needed. Give 30 grains at 8 and again at 10 a. m., and at noon a dose of magnesia or of castor oil. Examine the stools at intervals for the eggs, and unless free from them for three months, do not discharge the patient as cured. Some cases require repeated treatments.

This disease is common in dogs, cattle and sheep. It probably is largely prevalent in man, in the South especially. Many obscure anemias are due to this cause. The systematic examination of the feces would render the detection of

these cases easy, and their cure correspondingly easy.

There is so much good sense in this paper that we have practically transcribed it entire. We have earnestly urged our friends to see to the elimination of solids by the kidneys, and in other ways have sought to teach the lesson of improving our diagnoses by more care in examinations. We now say, make a habit of examining the feces with a low power of the microscope, and look for the eggs of worms of any sort that show up. It is not difficult, and much glory waits the man who cures his anemics, and relieves men of the unmerited obloquy of laziness, by discovering these hookworms.

If you have no microscope, and are not ready to get one, we ought to tell you to send your specimens to our laboratory for examination, and we would do so if we were properly "commercial," in our instincts. Of course, if you do, we are ready to do the work. But we really cannot see that any particular harm can be done by giving a man or woman a few doses of thymol, followed by a laxative, and anyone can diagnose hookworms if he sees them in the resulting stools. Now, won't our southern brethren take up this matter, and report results to us?

A man's development is often indicated by the number of his enemies.

WEALTH AND LONGEVITY.

One of the compensations of poverty has been the belief that a scarcity of food and the absence of luxuries and even of comforts promote long living,

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Cystitis: For alkaline urine, for old men with enlarged prostate, give acid benzoic or the benzoates, persistently.

Cystitis: For fetid, purulent, ammoniacal urine, swarming with bacteria, give salol, eucalyptol, thymol, menthol, myrrh, or myrtol.

while untimely death is the common fate of those who can afford costly foods and drinks, soft beds and whatever a luxurious taste can suggest. Statistics have sustained this view. A German statistician has gathered from census returns of the various nations, figures which show that there are proportionately many more centenarians among the poor and uneducated than among peoples whose educational average is high, and whose plane of living is exalted. The census returns have been accepted as accurate, or at any rate as the only source of official information. Sociologists, therefore, have drawn impressive lessons concerning the rewards of involuntary virtue. No doubt many of those whose poverty compels plain living would be glad to accept a shorter span of life, with better opportunities for enjoyment, in lieu of a century of hunger and hardship; but having no choice in the matter, they are disposed to boast of their longevity.

Very recent social statistics of England show, at least, that a long life is not incompatible with riches. Of 206 persons in that country who, in dying this year, left each an estate valued at more than half a million dollars, six were over 90 years old, fifty were over 80 years and the average was 73 years. This is far above the average of an equal number of poor people taken haphazard. It is explained that a considerable proportion of these long-lived rich men inherited their wealth and had lived from infancy to death in luxurious circumstances. As far as known, not one of the group had the alleged benefits of a meager dietary, a hard bed and the constant anxiety about the immediate future which is common to the centenarians who close their days of destitution in the

almshouse. Perhaps the late Professor Owen's investigations and conclusions offer the true explanation of the seeming inconsistency of the statistics. He found that in no single case was there any documentary proof as to the real age of the pauper centenarian, and he inferred that most of the very aged among the permanently destitute are without any accurate knowledge of their ages; that sometimes in order to become the center of unusual attention the uneducated poor give to the census-taker ages which he has no means to verify. Perhaps the rich do eat too much and meet too few hardships, but this is probably less dangerous to life than is continued half-starvation and exposure.

Many a man's popularity is due to the fact that he doesn't think out loud.

MONEY FOR QUACKS—ALWAYS.

In the *Lincoln Medical Outlook* we read that a resident of that city has been arrested for practising without a license. It seems that he treated a woman for cancer, and she died; that he had neither license nor diploma, but was a preacher who had left the pulpit for the patent medicine business. His qualifications, medical and moral, may be inferred from the fact that he was willing to guarantee an absolute cure of the case. He had, we are told, a "sort of sanatorium," where he treated cancer cases by a "special" remedy.

But the most interesting item in this too common history is that this man received about \$600 from the dead woman's husband.

How do they do it? How does this

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For ammoniacal urine give Urotropin, up to a dram a day, or small hourly doses of naphthol or carbolic acid.

Cystitis: The urine may be deprived of mucus by full doses of copaiba, but it is better to rely on arbutin.

ex-minister convince people that he is to be trusted with the life of a wife, and paid such a sum, when the regular family physician has such difficulty in realizing enough for his arduous service to keep him alive?

Somebody criticised our action in calling the doctor's attention to the importance of establishing his financial affairs on a sound basis—and drew the utterly unwarrantable deduction that we advised him to in all things consider the money side first.

Briggle!

That is the talk that has ruined more promising young physicians than everything else combined. We doubt if alcohol, tobacco, gambling and bad women all put together, have driven as many young doctors to crime as that one miserable, contemptible conception of his relation to society, that tells him to think only of his profession and take no thought as to how he is to secure money to pay his bills. The man who advises a young doctor to do this is *particeps criminis*, and shares the responsibility when the pressure of debts drives the unfortunate man to do wrong.

Do your duty, as an honest man. And one of these duties is to provide for your living expenses and pay your honest debts. And if you really think you cannot do this without falling from your loftiest ideal of the physician's life, you cannot get out of the profession fast enough.

If you have means enough to live apart from your practice, these remarks may not apply. If you have a rich wife or father, you are out of it. But if you are dependent on your practice for your living, you must learn to prepare for the rent in good time, or the actual dis-

honesty of failure to pay, may be measured in your mind against some other form of dishonesty of the sort the devil keeps on hand to tempt young doctors with. Is the neglect that forces one to such a choice of dishonesties really creditable? One would think that crass unconcern over the making of expenses without the means of meeting them was praiseworthy, from the way some people laud it to the skies as the acme of the doctor's ideal.

Pay your debts, and don't make any more. Don't be an idiot as regards your expenses, but consider the ways and means of earning and getting your living, just as any other man must. If you are a doctor that does not entitle you to exemption from the duty of providing for your expenses, and no one who is possessed of ordinary common sense would suppose it did. And if this were insisted upon in the orations at Commencement, instead of the rotten platitudes usual on such occasions, it would be far better for the young doctor. And we would not be so apt to hear of him drawing free antitoxin from the government and charging the poor for it, as the evening paper says is the report in New York City today.

A man's idea of an ideal wife is one who thinks she has an ideal husband, and *vice versa*.

STRAIGHT TALK FROM ALKALOIDAL HEADQUARTERS.

No. 5.

QUICK SOLUBILITY AND ABSORPTION.

We are told by "Authority" that ordinary tincture of digitalis is absorbed from the stomach in three-quarters of an hour.

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Cystitis: The best remedy to remove pus from the urine is arbutin, gr. 1-6 every hour while awake, for months.

Cystitis: The paralysis of the detrusor with weak expulsive force is best relieved by strychnine to full dosage.

Perhaps. Time of absorption is a mighty uncertain thing when chemistry must be done in the stomach.

I have obtained opium from the stomach hours after it was swallowed. The gum, tannic acid, cellulose and other useless elements of the tinctures and extracts hinder absorption to a much greater degree than most physicians are aware.

This delay in absorption is in many instances of considerable importance. In the forming stage of many maladies the attack may be broken up at the outset by prompt action, and the delay of half an hour may be sufficient to allow the affection to become firmly established. Pernicious chills, choleraic attacks, eclamptic seizures, the first stage of inflammations, convulsions, colics, cramps, and many other attacks call for prompt action on the part of the physician, to save the patient's life or relieve him from suffering. No one who has suffered the atrocious pain of renal or hepatic colic will fail to appreciate the difference between a hypodermic of morphine or atropine, and waiting for a dose of laudanum by the stomach to act.

The whole field of hypodermic medication is made possible only by the use of the alkaloids, since these alone are suitable for this mode of administration. But when these agents are given by the mouth, dissolved in a little hot water, absorption is almost as speedy as by the subcutaneous tissues. Much of the quick and powerful effect credited to the hypodermic method is really attributable to the form in which the medicine is presented, rather than to the rapidity of absorption from the subdermal tissues.

That acute inflammations could be

aborted in their forming stages was the chief contention of our fathers in defending the practice of bleeding. Their oft-reiterated advice was to bleed early; and in this they were undoubtedly right, although their powerful weapons have fallen from the feeble hands of their successors. But we have in the deferrescent alkaloids more effective and manageable agents, by which we can accomplish the same purpose better and without the obvious disadvantages of their crude method. Aconitine and veratrine quell a beginning hyperemia as quickly as venesection, without the loss of blood; the essential element of the pathologic state being an abnormal distribution of the circulation rather than an excess of blood.

The alkaloids require but a moment for solution from the granule of milk sugar, and their effects when taken in hot solution are manifest in about three minutes — some more, some less — and this period is shortened if glonoin be given at the same time, to dilate the blood vessels and let the drug in more speedily.

When the extracts or tinctures are given, the crude matters delay the solution of the alkaloidal principles contained, so that several of the two-hour doses may accumulate before any are ready for absorption. Then there may be a flow of acid in the stomach, the whole may be dissolved at once, and the remedy that apparently had no effect at all a moment before, manifests a sudden activity that may be toxic in degree. What wonder that the vegetable remedies contracted the repute of being dangerous and unmanageable. The treasures of the plant world have been

Cystitis: The irritability causing constant desire to urinate is controlled by atropine or gelsemine, one or both.

Cystitis: If there is irritability with much pain, preventing sleep, give hyoscine hydrobromate gr. 1-100.

wasted, by the unscientific manner in which they were administered.

We present a method by which all this is done away with, and this therapeutic wealth is placed at the disposal of the physician in a shape that will enable him to treat his cases "*cito, tuto et jucunde*," to a degree he never previously believed to be possible.

Some men never work harder than when they are doing useless things without pay.

A GOOD DIGESTION.

The Germans have an old saying:

"Nach dem Essen stehen

Ober Tausend Schritte gehen,"

which means that you must walk more than a thousand paces after eating.

This German proverb is old, but it is young, indeed, compared to the teachings of the Talmud, which devotes to questions of hygiene entire treatises, among others Kelein, Oholoth, Negaine, Taharoth, Mikvaoth, Nidda, Zabein, Tebul Yone and Yadaine, and in which great importance is attached to the doctrine that sleep after a hearty meal is unwise.

There were only three diseases for which the wise Rabbi Samuel knew no remedy: "That induced by eating unripe dates on an empty stomach; that caused by wearing a damp linen girdle around one's loins; and that occasioned by falling asleep after meals, without having walked a distance.

All the doctors of the Talmud were agreed on the importance of a walk after a meal to aid digestion.

Every intelligent physician knows that common sense and actual experience are

the basis of Talmudic teachings concerning health.

If you ask how it happens that a baby can fill its stomach and immediately go to sleep with positive benefit, the answer is simple. A baby with a stomach full of milk, or a wolf with a stomach full of meat can digest and sleep simultaneously, for two reasons. First, because the milk and the meat taken by themselves are very easily digested. They almost digest themselves. And, second, because the very simple mental organism of the wolf and the baby makes it possible for digestive processes to go on during sleep. The child's liver is abnormally big in infancy, and that helps also. The adult human being, with all kinds of food in his stomach, must be awake to digest, because he needs for digestion the full action of the heart and the nervous system. He needs, rest, repose for digestion, but he also needs consciousness. The later and very important digestive work of assimilation goes on during sleep.

The French are a very healthy nation. Dyspepsia is practically unknown among those who live in the typical French manner. They eat little and they eat slowly. During their meals they talk a great deal, which insures slow eating and a gentle, but not excessive, mental exhilaration conducive to good digestion.

When the meal is finished they sit still and talk for a while longer, settling the affairs of the nation carefully. They are not dyspeptic. They do not draw away the blood from the stomach by working after eating, either with brain or muscle. And they don't, by going to sleep, arrest the vital functions necessary to digestion. Those husbands who doze from dinner

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Cystitis: Triticum, collinsonin, barosmin, chimaphilin and eupurpurin have each been praised as curative.

Cystitis: When the ureters and kidneys are implicated, and for atony, arbutin has been specially commended. Give chronically.

to bedtime would have a better digestion, were their time employed in amusing the patient partners of their bosom.

I. N. Love is dead. Stricken down while making an address at a banquet, he may be said to have fallen in the most congenial of his pursuits, the one for which he was most admirably fitted by nature. He will be sorely missed. There was that about his buoyant, happy, optimistic nature, that was irresistible, that made one condone any faults that might be seen. No man in America had more devoted friends; for everyone who knew him, knew that Isaac was ready to share his purse with you, or heave a brick at your enemy, at the slightest intimation.

Some of our readers may remember the brilliant group that collected nightly in the hotel at Newport, when the A. M. A. held its meeting there. Wood is gone, and Davis, and Rohe, and Owen, and now Love has joined the rapidly increasing majority on the other side. Well, it is one of the merciful provisions of Nature, that as we approach the river the ties that bind us to this side weaken, and those that attract us yonder grow stronger. Good-bye, Love, surely, in the great Beyond that happy spirit is not wasted.

IN UNION IS STRENGTH.

The *New York Medical Journal* and the *Philadelphia Medical Journal* have been consolidated. We are not sure that we approve of this, because both the journals were too good to be lost, but

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Cystitis: Chronic cases require long mild dosing with rest and care as to diet, changing drugs monthly only.

if as the manager announces, the *Philadelphia Journal* is not merely absorbed, but its distinctive features are to be continued in the consolidation, we shall be pleased. There is much to be said in favor of the consolidation of medical journals. (In fact, we are doing a little of it ourselves. See this issue). The addition of the incomes and the cutting down of expenses means that more funds are available for the improvement of the publication—means a better journal, better support, more influence and independence. We approve.

True love only will survive the thousand and one little drawbacks of matrimony.

Max O'Rell.

DO IT NOW.

We promised you this number to be devoted to the treatment of summer diseases. You don't see it. And it is your own fault. You did not send us the material in time for the printer. Remember that the huge editions of the *CLINIC* take nearly a month to pass through the press, and we must have the material more than a month ahead so that it may be properly selected, edited, printed, proved, and published. The editors are ever ready to throw themselves into the breach, but they had said their say on this topic, and did not care to repeat. Good articles are coming in now, when it is too late.

Do not leave us in the lurch again, as to the Southern Fevers for September. The papers should be in the printers' hands now, but we will hold a corner open for a few days yet, so that if you sit down right this minute and write your paper it will get in. We have some

Cystitis: You cannot force matters. Take time, use all care, give small doses very often and each drug for a month.

material on hand, but have room for more. Remember that whenever you write your views or experiences you stimulate someone else to do the same, and thus you get a return for your trouble. If you hold back, others will do the same. Jump right in with characteristic American promptness and do it now.

Our managing editor has those three words put up over every desk in the CLINIC office; and you don't know what a help they are, in forming a habit of promptly attending to a thing at once while the matter is fresh in the mind. Then it is done. DO IT NOW.

CHRISTIAN HOSPITAL.

The several paragraphs on the above topic, published in the July issue of the CLINIC, were inserted without being first submitted to the managing editor, contrary to the rules of the office.

We regret their publication and desire in this to tender our explanation and apology. We have visited the Christian Hospital—have seen “the papers in the case,” and have heard “the other side,” and it is our sincere belief that if the truth were known, as we sincerely trust it will be, the whole thing will resolve itself into a question of ethics on which there is a great diversity of opinion, or a question of personal veracity, the importance of which no one can deny.

AS OTHERS SEE US.

In one of his sweetest melodies Moore says: “The moon looks on many brooks, the brook can see no moon but this.” Sometimes the busy editor forgets in his

writing that things well known to him, and to the readers who have become familiar with his style of thinking and writing, are not so familiar to newer members. The present writer verily believes that he has a positive genius for doing such things, and in the July CLINIC he outdid himself. Usually he can be counted on for one bad break per number, but this time there are several—and returns not all in yet.

In regard to the remark: “We take a drink when we feel like it.” The older readers are tolerably familiar with the CLINIC's views on the temperance question; and to them the addition of the qualifying clause is easy: “But we never feel like it.” There are a few men like the writer to whom the taking of a total abstinence pledge would be a grievous burden, and would arouse a constant desire to break it. Without a pledge, we retain the sense of liberty—we could drink if we chose—but we do not choose.

The reply to a minister who is a victim of the morphine habit was not intended for publication, and how it got into the journal is a mystery to everyone. While it reflects the personal views of the writer, it was written under peculiar circumstances in an attempt to nerve up a man to do his duty; and in no way represents the religious views of the CLINIC editor.

In a third case a sentence was dropped out, that modified the meaning of the passage completely. It was intended to say that the practices of petty trade did not afford the best training in the manners and ways of polite society. And this does not apply to people of any one race or religion; it is as applicable to one as to the other. W.

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This world is getting better every day. I believe in the essential goodness of human nature.—*Critic and Guide*.

The greatest enemy of mankind is he who stirs up religious strife and racial prejudice.—W. J. Robinson.

LEADING ARTICLES

BIOLOGY VERSUS BACTERIOLOGY IN MEDICAL PROBLEMS.

By Joseph Clements, M. D.

Member of The American Association for the Advancement of Science.



Joseph Clements, M. D.

A MORE specific title, possibly open to the objection of verbiage, than the above, might be as follows: Biotic or vital force *versus* bacteria, as the originating or active agency in disease. I use the briefer title, fearing that the latter might

possibly be misinterpreted, so as to exaggerate the attitude assumed toward bacteriology and the germ theory of disease; and while the use of the term *versus* is suggestive of want of agreement in that which should be in perfect accord, and the necessity of its use to be deplored, I do not think that the hypotheses to be considered are misinterpreted or misrepresented, even in the more specific wording of the topic.

Assuming the implied conditions to exist, the task of evidencing their reality and aiding in their remedy may be imperatively demanded.

The position assumed is, that certain great biologic facts and their rational, that is to say, scientific interpretation, have been in part overlooked and their

importance and bearing have not received due consideration. This has permitted the conception, and somewhat general acceptance of the so-called germ theory of disease, and the immense and costly system of bacteriology. Do not misinterpret—this is not discrediting laboratory work, the importance of which is beyond compute. I am merely stating facts, here and now.

The great mass of bacteriologic facts, are facts, known facts, the collection and collation of which is work of the highest value. The interpretation of these facts is the matter under consideration, which may possibly have some bearing upon the lines along which laboratory methods are pursued.

Nor am I oblivious to the unpopularity and even daring of the position assumed, expression of which has not been wanting. Nevertheless truth and science are their own justification and defense, when evidenced.

The situation may be stated in a word: Bacteriology, originating the germ theory of disease, or originating in and out of it, assumes that there are diseases of microbic origin. In, specifically, a vague and undefined manner micro-organisms are supposed to play an active part in

the production and operation of diseases. This is untenable and unscientific, evidence of which I proceed to adduce and set forth. At the outset it will appear that the position is a negative one, that of demurrer to unscientific claims, either stated or implied. The burden of proof, of demonstration, falls to the other side—those holding the germ theory of disease.

I will state the position and grounds more at length: Bacteriology, in at least part of its interpretation of its facts and data, and the whole of its germ theory of disease, is based upon the following assumptions: That there are "germ originated"—that is, micro-organic—diseases.

That pathogenic properties, with grades of virulence, are possessed, and actively exerted, by microorganisms upon superior organisms, in origination of disease.

That there are no diseases save as produced by microorganisms, either demonstrable or to be inferred with expectation or certainty of demonstration in the future—in fact that disease is impossible without them.

That a virus which may cause disease is a microorganism or its toxin, necessarily and always. That toxins, certain and many of them, are the product of microorganisms.

That tuberculosis is impossible in any stage, without, in the absence of, the bacillus tuberculosus, which in some not well defined sense produces the disease.

This is a fuller and stronger statement than I should have made prior to a two-hours' conversation and discussion with an eminent Professor of Bacteriology less than a week ago.

Vitality is, of course, accepted and un-

derstood; it is not necessary to be named since it goes without saying that there can be no disease without life.

All the above I have stated in my own language, as nearly setting forth the position as my command of words would permit, excepting the one statement in quotation marks, namely, "diseases of microorganic origin." To all of which, each and several, save the last paragraph in regard to vitality, I emphatically demur, as mere assumption, unproven, untenable and unscientific.

Against the above I present the following statement of what I believe to be recognized and acknowledged facts, to be followed by substantiation of the position assumed:

No microorganisms are demonstrable in vaccine virus, in the lymph of small-pox, in the virus of measles and of scarlatina, in "cancer juice," in any stages of these diseases respectively. A letter from Professor Lionel S. Beale, F. R. C. P., dated at London, England, Oct. 10, 1902, states that he had "figured out minute transparent particles in small-pox; but they are certainly not of bacillus kind," he adds. These may possibly be identical with the "protozoa" of Professor Councilman. Before proceeding, a question or two, germane at this point, come up, complicating it would seem the theory under discussion: Is the supposed bacterial toxin a normal or abnormal product? Is it physiologic or pathologic? Rattlesnake poison is a product normal to that reptile, so far as we now know, and a provision of nature for its self-defense, etc. The toxins are chemical products, of course. Are they biochemical? They must be, to be a bacterial product. In fortification of my position in demurrer, I maintain that it is mere



With all its shortcomings, this is the finest and greatest country on the face of the earth.—*Critic and Guide.*

It is our duty to endeavor to attain the highest physical and mental development.—Robinson, *Critic and Guide.*

assumption that microorganisms have pathogenic property. A correct interpretation of the facts in organic phenomena renders this extremely improbable if not absolutely impossible, evidence of which will be forthcoming.

Supposing the possession of pathogenic property to be possible to microorganisms, how may the demonstration of the transformation of potential into active energy be made, or evidenced? The only action or energy in active display, is in the activities of the superior organism, in response to the causal relation of the micro—to the superior organism. So that were it possible as a fact it does not appear possible to demonstration. Nor does it appear possible as an actual fact. That vital or life force is sovereign in all organic phenomena, needs no other demonstration than the facts of their absence and impossibility of production minus the depository of vital force, protoplasm. Life force is the active principle in the only processes in which supposed microorganic property, actively exerted, could be displayed, and under such conditions are impossible of demonstration. Pathogenicity seems inconceivable as a property of microorganisms, and certainly cannot be evidenced.

The designation, disease organisms, may be readily conceded in view of the fact of easily demonstrable causal, incidental, and adjuvant relation to disease. Active part in pathologic phenomena is impossible of evidence, and untenable as an hypothesis, consistently with a correct view of the nature of organic processes, while protoplasmic activity, sovereign and singular, is of scientific demonstration.

My own investigations and experiments have yielded me two results: I

have been able to demonstrate "properties" in microorganisms which may be designated—playfully—by the two words, gustatory and amatory. Given the menu, and the progeny—at a conservative estimate—may be numbered by hundreds of thousands in an incredibly short period of time. An amateur may "discover" these properties, a professional can demonstrate nothing beyond—all else is simply gratuitous.

To anticipate objection and disarm criticism I project the following for consideration: Why gonococci are cause of and followed by pathologic processes of a specific kind, while the bacillus of tetanus gives rise to phenomena utterly unlike, in kind, and quite as unique to that cause, is answered, so far, by the fact that the exhibition of morphine, aconitine, salicylic acid, or any one of a hundred drugs, is responded to by phenomena different from each and utterly unlike that resulting from that of prussic acid. The *why* of this removes all need of hypothesis of pathogenic property in bacteria, the problem being solved without it, the phenomena being accounted for on evidenced fact of sole causal role, without active participation of microorganisms in the vital operations. No scientific mind claims therapeutic property possessed and actively exerted by drugs. The drug has no "active principle" and the use of the terms is misleading to the unscientific, be he physician or layman.

The misunderstanding and misinterpretation of real facts in drug therapeutics has given rise to the greatest and direst delusion of the age—that of a bottled and sold pharmaceutical "cure" for disease, the curse of civilization. The enormous consumption of unknown

Regular medicine is now broad enough, and liberal enough, to embrace all schools and systems.—*Critic and Guide*.

Half our medical journals are not worth the printed paper. It would be charity and kindness to discontinue them.—W.J. Robinson.

drugs, in patent medicines, poisonous in character much of it, is the cause of the initiation of pathologic processes and conditions, constituting "soil" or "nidus" of disease, awaiting only the immediate exciting cause of microorganisms—no pathogenic property being needed—or other irritant—a picture frightful to look upon. As a result of the efforts of the noblest profession of the world, the medical, the ravages of diseases are being arrested, and some even well-nigh stamped out of existence. Largely as the result of this, in regard to infantile disease, and saving of infantile life, the average duration of life has increased nearly ten years since my own childhood. But all this is more than offset by the insidious effects and results of the patent medicine craze, and quack and irresponsible "cure" of disease.

Professor Lorenz was appalled at the sight of our crutches and speaks of us as almost a nation of cripples. There are causes for these joint diseases, so prevalent, and for those of tuberculosis and cancer, and the secret of their potency is not entirely hidden in bacterial morphology. In the misinterpretation of pathologic and therapeutic principles which I combat arises the great delusion we deplore. It is not any property inherent to drugs and actively exerted by them that furnishes a cure for disease, nor is there property in microorganisms, or other causes of disease, which originates disease. The panacea for the ills to which flesh is heir is to be found in a knowledge, correct and scientific, of the nature of the vital processes, and skill of the same grade to manipulate and control and guide them. Laboratories are none too costly, and the toil well pays, with this as the object of achievement. All

honor to the men, Reed and Lazeer, Surgeon Carroll's colleagues, names which rank with those of the world's first and truest martyrs. The inscription of no name could do honor to "The Hall of Fame" more truly than theirs, but we must not miss the real goal for which they gave their lives.

We come now yet more specifically to the vital processes. Organic phenomena are of three classes or grades: physical, chemical and vital—the reverse, however, being the order in time.

The physical is mostly spectacular or macroscopical, while chemical processes are microscopical, though of course in part of naked eye observation. These are, in much, simply chemical, belonging to the class of inorganic chemistry. Physiologic processes are vital in kind and constructive in character, and the chemistry specific to organic phenomena is biochemistry, in marked particulars different from the simple or inorganic.

Vital force is sovereign and solely operative here, the chemistry and the physics, in so far as they are in evidence in the phenomena, being operated under the sovereignty of the life force. Hence there is no physiology without life. These are in a high degree metaphysical things. Vital processes in their primordialism are occult to vision and not possible of spectacular demonstration, but no more so than the atomic theory and back of that, the corpuscular and nebular hypotheses.

The comprehension of these confessedly mystic phenomena, the grasp of their significance and the correct interpretation of their indications, will enable one to "construct the objective picture" (Virchow) which is the necessary scientific



"Regular" medicine was once extremely coarse, intolerant and narrowminded, but this is not now the case.—W. J. Robinson.

Learn to be tolerant. Not all your opponents are fools or knaves. The world is getting better every day.—W. J. Robinson.

equipment of the man competent to cope with disease. The University course, preparatory to the special or College course, may be shortened for any profession or calling with less disaster than for the medical profession. There was surely the right ring to the forceful and convincing address of Dr. R. McE. Schauffler, of the Faculty of Kansas City Medical College, before the National College Association, May 8-9 in Chicago, in maintaining the need of College course foundation preparatory to the medical course. If life is too short for the necessary scientific equipment for the most vital of all professions, we must lengthen out the other end of it, by the best means at our command, a much more hopeful undertaking than appears at first blush.

I repeat: It requires, in a high degree, a scientifically trained mind, not so much to gather as to interpret the facts, the basis of Medicine, so as to assume an attitude towards the problems of vital phenomena giving one competency in their manipulation and management.

Medical Science is the knowledge of vital phenomena; its Art, their manipulation and control in the interest of health and life, and nothing short of that which is superlative will designate the adequate equipment demanded.

The questions objected, "Was it the bullet, or the pistol, or the hand that held it, or the man back of the hand and pistol and bullet, who fired, that killed the man?" while irrelevant in a Court of Justice, may be highly scientific as illustrating medical research methods. It makes me—well, blush, for my science, when "verbal quibbling" and such ob-

jections are hurled against the position I have assumed.

Metabolism, the primordial life act, is of ocular observation only in its grosser phases, and immensely microscopic at that. What is that process, in so far as it is phenomenal, which is termed assimilation and vitalization? The nutrient matter is taken up into the substance of the living matter and the life properties of the former are transferred to the latter, this taking on the nature and exhibiting the powers and functions of that, its predecessor, its own powers and functions in no whit diminished by the confer of force accomplished; itself, in due time exhibiting structure, as a "cell" or anatomic unit. Can one demonstrate that process, which is mentally spectacular only, by which the protoplasmic cellular mass comes to disturbed equilibrium, the precursor of the mystic act of assimilation and vitalization, inclusive of the transfer of life property, followed by fission and the constructive phenomena effecting perpetuation of the parent in the daughter cell? Life power, a psycho-vitalistic force, is the operative force in these simplest and earliest of life's processes. Can one resist the conviction thus forced upon one's consciousness, that the life force, effective in these sublime operations, can be no other than an emanation from God, a part of the universal energy of which He is the source, and a force as superior to electric, or any of the correlated forces, as human organic phenomena in multiplicity and multiplexity, with the added psychic properties and qualities, are superior to anything merely electric or inorganic? Thought fraught with inspiration!



A fit of anger uses up more energy than a whole day of hard mental or physical work. Avoid danger.—*Critic and Guide*.

Do not try to reform the whole world at once. Take a slice at a time. It is getting better every day.—Robinson.

Specifically, physiologic phenomena are biochemical, being constructive in character and vital in kind.

But coming to more ocular, if not more simple things, in illustration potential in demonstration: I was frequently called upon in my office in Kansas City to remove foreign bodies from the eyes of engineers and other railroad men. On the out trip a bit of cinder got caught on the eyeball which they were unable to remove, and on returning and coming to me I was wont to find the eye red and inflamed, tender, painful even, photophobic, and brimming with tears. The use of the lancet was needed before the offending material could be removed. Of course, the use of cocaine rendered that possible and painless. The cinder was the cause, yet it was absolutely inert and inactive in the processes induced. The peripheral vessels were filled and congested with blood. The nerve centers way off from the site of the trouble were affected, producing pain and photophobia, phenomena in which the bit of cinder had not the remotest active agency. The whole phenomena were, like all diseases, the response of the vital processes to the irritant cause, which was intensely dormant, maintaining an attitude of "masterly inactivity," holding the ground, nevertheless. Had the cause remained, the consequences may have been destruction of the eye by extension of the pathologic processes, caused, but in no sense operated, by the cinder. No such phenomena would arise in a dead eye, with an equal cause in both instances.

The distinction between cause and origin of disease is a distinction with a world of difference, and the "hair-

splitting" objected to, is vital to a correct apprehension of the vital processes.

All physiology, all pathology, are caused, we will say, in a general way, by environments, but originate in and by the active agency of the vital forces; in other words, disease originates as and by the response of the vital processes to the irritant or stimulant cause, as Stahl taught two centuries ago and was dubbed a mystic and squelched until now, but he is to be heard from yet.

So that to originate disease is vastly more than to cause it. Cause does not include origin of pathologic processes, although, and certainly, to originate disease includes its cause, and while a cause of disease may be isolated and identified, the use of the same language in regard to the origin of disease would be simply absurd. They are not identical.

"Microorganisms are never more than the cause of disease."*

A virus may be introduced to an organism, with or without a microorganism—their identity is not proven, and as yet there may be no origination of disease, as in vaccination—sometimes it does not "take." Whether pathologic processes will originate depends upon response or not to the cause introduced. Nothing spectacular follows immediately upon inoculation of the cause. We have incubation periods of varying duration, twenty-four hours to as many days. How long a time may transpire before actual origination of morbid process—who can say? When did the response begin? Possibly immediately in certain cases. Possibly, and of great probability, varying degrees, and some pro-

*Virchow, in his address before the British Medical Association.

Smith mentions the occurrence of acute abdominal pain in pneumonia, even necessitating the use of morphine.

Berti reports a case of lead poisoning in a child, from the application of a lead ointment to the skin.—*Med. Record*.

longed, of time elapsed before the shock of the foreign introduction was realized, so to speak, and rallied from, and the resistant forces set into action; for part of that which we know as pathologic phenomena, are or result from nature's effort at self-protection.

Is it not evident, therefore, that pathologic processes do not originate by any imaginary properties possessed and actively exerted by microorganisms, as the germ theory assumes, the cause, demonstrable in certain instances, as the bit of cinder, being absolutely inert? The irritant presence of the bit of cinder will cause the mischief in the eye, and the microbe may find its way there when pabulum to its taste shall have accumulated, for the gustatory is a real and marked "property" microorganic. It then becomes not merely incidental but *adjuvant*, and in the direst sense and degree. A correct interpretation of disease phenomena, in other words scientific medicine, in no sense underestimates the role of disease organisms.

Ocular or objective results appear after the period of incubation, but where bacilli are demonstrable, in the objective stages of disease, say in diphtheria or typhoid, are they to be evidenced in all the earlier stages of the incubation period? I call for the proofs. They should be readily forthcoming if the germ theory of disease had the shadow of foundation. I am anxious to leave no spurious force in the germ theory, not even electric; this is the bar to progress.

Three doctors in the City Hospital, myself one of the three, gave up a patient as dead. Half an hour after we lost our breath, as the nurse had done in her haste to bring us word that the pa-

tient had revived—"come to!" This was nine years ago, my first and last experience of the kind. I am, since then, chary of giving up a case, hence, still further: The drugs in therapeutics are as inactive as the cinder splint in the eye was in the pathologic processes. The mere contact of the molecules of the drug with the protoplasm of the cells involved will be followed by protoplasmic action, for "Vital motion is modified by every substance which comes in contact with the living matter." When the molecules of the drug come into contact relation with the bioplasm of the cell, protoplasmic cellular action is excited, suppressed, or, it may be changed, in a word modified, the action originating here and now being the response, protoplasmic, to the stimulus of the cause, which in inorganic drugs is foreign to the domain vital. When the molecules of the drug combine with those of the products of protoplasmic action, chemical processes similar, or the same, as those external to the organic sphere accrue, and the vital motion is still further modified, and it may be intensified a hundred fold. Such processes as now obtain may be utterly foreign to the normal, or to those obtaining previously to the ingestion of the drug.

The scientific physician will know what response will accrue upon the exhibition of his therapeutic agent, and will turn to his own account the therapeutic phenomena provoked, which will be vital phenomena en route to normal. He will be able to manipulate the processes in operation, to suppress, supersede, change or transform these into others in the interest of his patient and,



Hare says alcohol given during infectious disease increases the bacteriolytic action of the blood.—*Med. Record*.

Cabot shows that alcohol given in fevers in no way influences the blood pressure.—*Medical Record*.

as I have said, en route to normal, or "cure."

He may accomplish this providing his therapeutic agents are as scientific and exact in their composition and preparation as is his own knowledge of the processes he is to cope with. He cannot do this in the use of patent medicines, or a formula some other man used with success, in a certain case. Nor in use of the comparatively crude pharmacy of many tinctures, solid and fluid extracts, made from leaves and roots, etc. Nor with polypharmaceutical drugs, such as hypophosphites compounded and made of half a dozen different salts. In the use of such medicaments he may, and will be very likely to, provoke such phenomena as no possible medical skill may enable him to control, and he will at times stand at bay, like the man bewildered in uncertainty in regard to the direction in and from which the lightning may strike next, or with an unmanageable automobile on his hands. Few men in the profession, of any extended experience, but know well what I am speaking of. The science and art of the pharmacy on which we have to depend must be as scientific and exact as the science and art of our "Practice."

Is it not of rational interpretation, on these principles, that the mere presence of the bacilli of tetanus, or of rabies, with the chemical processes accruing from their life functions, inclusive of generation of gases causing the terrific phenomena observed in hydrophobia and tetanic convulsions, that these are without active pathogenic property of the microorganisms? And is not a similar interpretation the only scien-

tific ground on which the so-called action of prussic acid, and other poisons, may be explained? It is not the poison that kills, but the violent and supernormal action, protoplasmic, which is the response of the organism itself. The poison kills in a "Court of Justice" to be sure, but not in scientific medicine. I challenge a rational interpretation of these phenomena on the hypothesis of germ-originated disease, or active-principle in drug theory.

In causes of disease, and in the active principles of plants and other medicaments, we have potent determining factors and influence in regard to specific excitation and modification of vital action. Here is where we must look in interpretation of pathologic and therapeutic phenomena and not to the utterly indefensible hypotheses of pathogenic property and action of disease organisms, or so-called active principles in drugs, save as understood in the light of protoplasmic action.

The position I defend is, that Medicine is the most exact of sciences, when its facts and principles are understood and interpreted scientifically.

The distinction, and the importance of its recognition, of the nutrient and dynamic relation of substances to protoplasmic action, is suggestive of thought, and will be found to be a fruitful region of research, and if the objection be still urged that the chemistology in evidence is not according to the text-books, in so far as it is in harmony with, and affords a rational interpretation of, the facts and phenomena under discussion, so much the worse for the text-books. And with this the present discussion may close.

Kansas City, Mo.

Welch said it had been clearly proved that alcohol given to animals increased their susceptibility to bacterial disease.

Jacobi says that as long as sepsis is present there will be no intoxication from alcohol given a child.—*Medical Record*.

URINE EXAMINATION.

By Arthur V. Lyon, M. D.



ALKALOIDAL medication is, to my mind, a long step forward in accurate therapeutics, giving opportunities for nice distinctions in the selection of remedies such as never were dreamed of in the days of galenical preparations. But accuracy of therapeutics, and nicety in selection, are of little avail unless based on accurate diagnosis.

As one step in reaching this accuracy, let me emphasize the necessity of an accurate knowledge of the condition of the kidneys. After a practice of sixteen years, this grows upon me; as does the fact that a diseased condition or deficient action of the kidneys plays an important part in determining the condition of the general system. I believe this to be especially true in chronic cases.

It is my own custom to use a printed blank for making the clinical record of each patient consulting me. This is not only valuable for filing as a matter of future study and reference, but also tends to accuracy, as when the history is taken in the order suggested on the blank there is less liability to overlook than when questions are asked in an unmethodical way. As a part of this record is the report of the examination of the urine, it is always required in the case of each new patient. And since the experience recorded below, in Case 4, I believe that such an examination should be made for every patient who has not been treated for six to twelve months.

When the patient brings the specimen with him it is a matter of but a few

moments to take the specific gravity and reaction, and test for albumin and sugar, as well as estimate the solids in the urine when the twenty-four hour quantity is known. And let me state here, that if I had gained nothing else from my reading *THE ALKALOIDAL CLINIC* for the past years, than appreciation of the necessity of such an estimation of solids, and the bearing which a deficiency may have on symptoms present in various patients, I should consider myself indebted to it beyond measure. The use of a urinary test case on or adjacent to my desk enables this examination to be made in the presence of the patient, and I believe tends to give him confidence in my careful consideration of his case.

If this examination of the urine is made as a matter of routine in every case, it will be a surprise to find how often in this way we will find the cause of the patient's symptoms, or learn why a remedy apparently indicated by the other symptoms might fail to take effect. To illustrate the value of such an examination let me briefly cite a few cases, in which one might easily neglect it, since other symptoms had no apparent connection with the renal condition.

Case I. C. K., male, stout, well nourished, apparently healthy, consulted me about a corneal ulcer. This ulcer had been present for some weeks, during which time he had been treated at first by a local oculist, a very bright man, too, by the way, and failing to get relief had later been a patient at the Massa-

Shattuck said the benefits of alcohol in fevers were so great that it would have to be disproved by its opponents.

Dock has cured so many cases of sepsis without alcohol that he does not believe it essential in such cases.

chusetts Eye and Ear Infirmary. But as the Irishman said, he was "getting no better very fast"; and as I had previously attended some members of his family he thought he would see what I could do. In taking my history of the case I asked for a sample of urine. The cause of the ulceration was clear on finding his urine loaded with sugar.

Case II. S. D., male, carpenter, not well nourished. He had taken cold in September previous and had been unable to work up to the following April, when I saw him. Cough and expectoration had been practically continuous. Throat very sore, appetite poor. Some loss in weight. Family history good, patient's habits good. Larynx much congested, four small ulcers. Bronchial rales in chest, and diminished breathing. Examination of sputum negative. Everything except the negative test of sputum pointed toward tuberculosis—nothing pointed toward the kidneys. Examination of the urine showed, however, marked chronic parenchymatous nephritis.

Case III. Mrs. M., 62, widow, well nourished and apparently healthy, entered my service at the Brockton City Hospital. Five weeks previous she had been bitten on her right index finger by a parrot. Two weeks later she consulted her physician, who found the tip of the finger so badly diseased as to necessitate amputation. The finger did not heal, however, and the swelling and inflammation extended up to the hand. A week later the whole length of the finger was laid open and curetted. Still there was no disposition to heal, so she was sent into the hospital. On entrance the finger was

hard and brawny; the anterior surface laid open and full of bloody pus and disintegrated tissues. No swelling beyond the finger, no line of demarcation. Temp. 101. The nature of the infection was not apparent, but the cause of the condition became so when the urine examination showed a s. g. of 1048, and was found loaded with sugar.

Case IV. Mrs. D., 50, well nourished, but very nervous, had been treated by me for various ailments at intervals for some years. The urine had been examined about one year previous and found negative. So when she consulted me for a marked conjunctivitis, I saw no reason to suspect the kidneys. The conjunctivitis, in spite of the most approved local treatment and general tonics, was very obstinate and troublesome. Temporary improvement would occur only to be followed by an exacerbation. At last it occurred to me that this might result from deficient elimination of solids, and I requested a specimen of urine for examination. Imagine my chagrin to find that there *was* deficient elimination, but that it was the result of chronic interstitial nephritis.

These cases are cited at length, not to reflect on any other physician, but to illustrate the necessity of thorough examination of every case coming under our care. The practice of medicine is full of surprises, but to the physician who makes a thorough study of his cases at the outset, thus reaching an accurate diagnosis, the surprises will come at the start; while to the physician who makes "snap" diagnoses based on the most prominent symptoms, the surprises will come later, and at a time and in such

Cabot said the number of physicians using alcohol as a stimulant was rapidly diminishing.—*Medical Record*.

Tyson reports a case of acute nephritis following scarlatina in a child in which decapsulation was done with success.

a way as may reflect upon his reputation as a skillful diagnostician and therapist.

Brockton, Mass.

It is well to form a routine custom of attending to these necessary things, and we will constantly find reason for thankfulness that we have done so.—Ed.

ACUTE DYSENTERY.

Read before the Powell County, Ky., Medical Society at Stanton, Ky., May 23, 1903.

By Cassius Dudley Mansfield, M. D.

Secretary Powell County Medical Society; Ex-2nd Vice-President The Kentucky State Medical Society; Ex-2nd Ass't Physician at the Eastern Kentucky Asylum for the Insane, Lexington, Ky.; Ex-Secretary The Kentucky Valley Medical Association; Chairman Powell County, Ky., Board of Health, Etc., Etc.

ACUTE DYSENTERY.

(Synonyms, Colitis, Ulcerative Colitis, Bloody Flux.)

DEFINITION: An acute inflammation of the mucous membrane of the large intestines, either catarrhal or croupous in character, followed in some cases with ulceration, characterized by fever, tenesmus and frequent small mucous and bloody stools.

It occurs either sporadically, epidemically or epidemically.

Four clinical forms are described:

Acute catarrhal,
Amoebic or tropical,
Croupous or diphtheritic,
Chronic dysentery.

But in this paper I only wish to deal with the acute type of the disease.

Causes: Sporadic, endemic or catarrhal dysentery prevails most extensively in the summer and early autumn months. All forms of colitis are of bacterial origin, with sudden atmospheric changes such as hot days and cool nights. Malaria has some connection with its causation. Errors in diet and the drinking water may be the means by which the poison gains entrance to

the system. Dysentery is not contagious but is infectious.

Pathological Anatomy: Catarrhal dysentery, congestion, swelling and oedema of the mucous membrane and submucous tissues of the large bowels with an overproduction of mucus. The follicles are enlarged from retention of their contents, the result of the swelling. The congested vessels often rupture. The mucous membrane softens in patches and is detached forming ulcers. Recovery follows if the destruction of tissue is small, smooth cicatrices minus gland structure marking the site.

Symptoms: The catarrhal form begins gradually with diarrhea, loss of appetite, nausea and very slight fever, the fever running up from 2-5 to 2 degrees, which continues for two or three days when the true dysenteric symptoms develop, to-wit: Pain on pressure along the transverse and descending colon, tormina or colicky pains about the umbilicus, burning pain in the rectum with the sensation of the presence of a foreign body and a constant desire to expel

It has been found at Naples that bats are remarkably susceptible to the bubonic plague, even more than rats.

Edebohls did bilateral renal decapsulation for puerperal eclampsia, in a primipara, two days after forced delivery, with success.

it. The stools for the first day or two contain more or less fecal matter, but they soon change to a grayish, tough, transparent mucus, containing more or less blood and pus. During the tormina, nausea and vomiting may occur. The urine is scanty and high-colored. The number of stools varies from two to twenty or more in the twenty-four hours.

The duration of the attack is about ten days, the patient being much emaciated and enfeebled. The loss of flesh and strength is marked. Only a few days elapse and you find your patient so much prostrated that he has to be assisted in everything he undertakes to do. The patient gains strength slowly and recovery is tedious, owing to the anemia and loss of flesh.

The prognosis in acute dysentery is unfavorable. No case of dysentery, however mild, should be lightly considered.

Treatment: The patient should be confined to the bed in even the mildest attack and the stools removed at once and disinfected. I make a practice of putting into the bedpan as soon as it is emptied a solution of ferrous sulphate (copperas) 1 oz. to the pint of water, or unslacked lime in sufficient quantity to cover the bottom of the pan, and let this remain in the pan until used by the patient, and then remove all together and disinfect again, and so on.

The diet is to be of the most nourishing that you can get; eggs cooked soft, boiled sweet milk, gelatin, oyster soup made with fresh sweet milk, oatmeal gruel, etc. And if there is much prostration, stimulants are to be used, in tea to tablespoonful doses every two or three hours, properly diluted with water. All

water to be used by the patient is to be sterilized by boiling, and then cooled down before used for drinking purposes. Also the drinking vessels used by the patient should not be used by any other member of the family, and then properly sterilized every morning, by placing the same in a vessel of boiling water and let stay for 30 to 40 minutes each time.

The most frequently used drug is opium, alone or combined with one or more astringents. I use the following formula as often as any:

R Opii pulvis gr. 6 to 12,
Bismuth subnitrate . . . 6 drams,
Quinine sulphate. ½ to 1 dram,
Mix and divide into 12 powd.

Direct: One powder every three or four hours, or if in much pain, give every two hours until the pain is relieved, and then lengthen the time between doses.

Or this:

R Opii pulvis gr. 6 to 12,
Bismuth salicylate . . . 3 drams,
Quinine salicylate. ½ to 1 dram.
Mix and divide into 12 powd.

Direct: One powder every 2, 3, or 4 hours, or often enough to give my patient rest (both mental and physical rest).

I rarely ever use the high enema, or rectal injection of starch water and laudanum, for I find it increases the patient's desire to empty the bowel (just what you are trying to stop), with soiled bedclothing, etc., and not one person in a dozen that you instruct will give the enema properly among your patients, where you cannot command the physician's first lieutenant, the trained nurse. So for these reasons the past summer



Quinine salicylate has been recommended in rheumatism, diphtheria, influenza, pneumonia, typhoid, all infections, and chlorosis.

And now they charge the Eddy cult on Emerson's "transcendentalism." Poor Emerson! It is sometimes good to be safely dead.

I discarded the rectal injections and had better luck than common.

And as tonics to build up my patient's wornout and exhausted system, I use manganese and iron, with arsenic,

Syr. Hypophosphitis, P. D. & Co.'s, and the elixir iron quinine, phosphates, etc., keeping my patient in bed until his system has time to recuperate.

Stanton, Ky.

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DISEASES OF OLD AGE.

By Dr. Ferran.

(Translated by Dr. E. M. Epstein.)

CHAPTER VII.

(Continued from July CLINIC.)

AFFECTIONS OF THE URINARY PASSAGES.

THE affections of the urinary passages in the aged are rarely each one of them simple and uncomplicated. These affections concern almost always at the same time the neck of the bladder and the prostate, and sometimes there is joined to them the third factor of a debility of the local nervous system (or apparatus).

In proportion as one advances in age the functions of the skin diminish, and there is a tendency in all the humors of the body towards acidity. From this arises the frequency of rheumatisms and catarrhs. Thence, too, is the permanent cause of irritation in the vesical mucosa, which becomes less and less tolerant and compels more frequent urinary evacuations.

In subjects who had urethral blenorhea in their youth, or too, in mature age, the prostate retains always a certain amount of sensitiveness and an extreme propensity to become congested. There is a hard fecal mass resting about the prostatic region in the aged whenever there is even the least constipation or

stercoral dryness. When this condition of things continues for a long time it is sufficient to throw the prostatocystic region into serious irritative congestion, which may appear to have come on spontaneously and without cause.

Whatever be the primary cause of these prostatocystic affections, since however we cannot act upon them except through the urine, we must therefore endeavor to render this fluid as mild as possible and keep away all causes which may render it irritating, such as brandy, liquors, beer, spiced victuals, etc.

Among lenitive liquids, milk must be placed in the first rank, since it is as much more efficacious as it is natural. But just here it is the manner in which it is to pass the digestive canal and the urinary passages that is not at all indifferent. To get from it the maximum good effect the liquid must be absorbed at the time when the stomach and the kidneys are the most empty. For this condition there are two propitious periods, late in the evening, when going to

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It is said that mosquitoes will not bite a person who has applied a solution of alum to the skin.

A woman on the west coast of Africa had six children at a birth, making 16 in four confinements. All six died within four days.

bed and very early in the morning on an empty stomach.

One more hygienic precaution of not less utility, because it is to be practised from the very start of the trouble, is here to be mentioned. First of all, try to get in the habit of emptying the rectum in the evening; and secondly, whenever there is an uncomfortable feeling about the affected parts on going to bed, take a small enema of cold water of the surrounding temperature. The good effects of this practice to combat the process of prostatic congestion need no long demonstration.

Once the congestive process establishes itself in the prostate it always propagates itself to the neck of the bladder, and thence to the bladder itself in the form of cystic catarrh, which later is frequently accompanied with contracting spasms of the neck of the bladder and also with more or less painful dysuria.

At other times it is a partial retention of urine that is the consecutive phenomenon, and since this comes frequently about when there is an alteration of the urine, there is then a double complication demanding help from the physician.

Now whichever one of the two cases it may be that the multiple causes have produced, whether we have to stop the contracting spasm which shuts off the urine altogether, or whether we have to remedy the morbid condition of the vesical mucosa, in either case the alkaloido-dosimetric medication gives us very simple curative remedies, very efficacious and altogether specially fitted for the case.

Against the contracting spasm of the neck of the bladder, against which sitz

baths and sounds are frequently impotent, and sometimes even hurtful, the granules of hyoscyamine combined with brucine, or strychnine sulphate, act always marvelously and establish the flow of urine by themselves.

The cases of this kind which show an uninterrupted success are at present very numerous, and are already counted by the fifties in the reports from the dosimetric practice. The resolvent action of hyoscyamine on the contractile spasm of the neck of the bladder is such that it happens many times that once the flow of the urine is established, the patient may become unable to stop it and lets it flow into the bed. In such a case three or four granules of strychnine will suffice to reestablish normal conditions. It is on this account that the dosimetric rule is to combine brucine with the hyoscyamine in all cases of contractile spasms, be they intestinal, vesical or any other kind.

The strychnine action does not interfere with that of the hyoscyamine, which does its work perfectly. All it does is to preserve locally the contractile force in the organism.

When the vesical catarrh is accompanied with intense persistent pains during the night, it will be found useful to add some granules of cicutine to the hyoscyamine and brucine, without prejudicing the usual calming action of the others.

Intense or inveterate vesical catarrh is accompanied with turbid, sanious urine, streaked with fibrinous filaments. There is yet another substance extremely efficacious and whose introduction into therapeutics it owes to dosimetry. It is arbutin.

Arbutin is the active principle, a

The *Philadelphia Medical Journal* has been swallowed by the *New York Medical Journal*. We wish it had been the other way.

Dr. Chalmers Prentice is suing the Geneva Optical Works for \$1,000, for royalties said to be due on the sale of retinoscopes.

glucoside* derived from the bearberry, botanically known as *arctostaphylos uva ursi*. It is an alpine shrub of the *Ericaceae* family, whose scarlet berries are eaten as a refreshment, and the infusion of whose leaves (30 grams per liter; equal 7½ drams to 33.8 ounces of water) has been favorably known for a long time as a diuretic and astringent in vesical catarrh.

The glucoside, which was isolated for the first time by Chevalier in 1892, seems to possess far superior properties to that of the infusion, although the proportion of arbutin in it is usually three per cent by weight of the leaves of the plant. The action of arbutin may be owing, according to Lunden and other experimenters, to the gradual splitting of it in the organism, giving rise to glucose and hydroquinone.

Arbutin is not toxic in the least and has no evil influence on the digestive tract, whatever the dose may be. It is eliminated principally by the kidneys, and it is in them and in the urine of the bladder that it develops its antiseptic, antiputrid and antizymotic properties. It would seem that the direct application of the solution to the inflamed tissues would exercise a tonic stimulation on them favorable to their reparation. However that may be, all the known facts resulting from its employment, and they are already very numerous up to the present day, make it to be considered as the best antiphlogistic and tonic modifier of the urinary passages, the kidneys, ureters and the vesical mucosa.

Dr. Van Renterghem, one of the first, obtained the best effects from it in a

case of vesical tenesmus with fetid urine in a young girl.

Dr. Bercato-Brandao after having reported three observations of cystitis cured with arbutin, declares pertinently that its use can displace advantageously all other balsamic and diuretic remedies.

So, too, does Dr. Unger relate a remarkable cure with arbutin, of a grave chronic catarrh of the bladder with fetid and ammoniacal urine. The doses employed were quite considerable, from one and a half grams (gr. 22½) to three grams (gr. 45) *pro die*, in three portions. But these big doses are altogether unnecessary, and this was demonstrated by the observations of Drs. Hughes and Mauche.

Dr. Legrix has also recognized the excellent effects of this remedy, especially in a case of pyelitis, which had been treated in vain by Dr. Guyon and which was cured with arbutin.

I, myself, had a case of cystitic dysuria with alteration of the urine, which I related in April, 1899 (*La France Medicale*), in which I had occasion to verify the excellent effects of this precious glucoside.

To sum up: The diuretic and therapeutic properties of this glucoside in diseases of the urinary passages cannot be doubted. In administering the granules, ten to fifteen per day, given every hour or half hour, we can obtain the happiest results, as the observation of others and our own have proved.

It will certainly happen to arbutin, the same that happened for the employment of the combination of hyoscyamine and brucine, or to that of the antifebrile triad, that the efficacy of their action becoming popular will at last open the doors, and the windows too, for the in-

* Not an alkaloid as the author gives it. I go by the *Formulaire des Alcaloides et des Glucosides*, Paris. J. B. Bailliere et fils, 1890, page 230.—Tr.

Secondary nephritis, especially from ether, arises six months after the operation.—Byron Robinson, *Medical Times*.

The clinical thermometer has been investigated, with the result of serious aspersions cast on its veracity. Try yours.

struction of the usual classic school. Meantime it is with arbutin as it is with hyoscyamine-brucine, although the list of their successes is already long and old, still their notoriety has not yet penetrated the jungle of the classic world, and they are not at the height of their merits in that peculiar atmosphere. Here is the proof: I have at this moment before me a very recent work on Senile Dysuria and its Complications, by an Ordinary Professor of the University of Lyons, in which book neither the one nor the other of these two heroic remedies are mentioned.

This work is instructive from the point of view of anatomicopathologic discoveries, of pathogenic conceptions, of the surgical therapeutic attempts made up to date. This book would have left nothing to be desired were it not for the enormous medico-therapeutic lacuna of which we shall speak here. This is so much more regrettable since the author puts so carefully in relief the clinical importance of the urethrocytic spasms. He has studied out in their varied phases the production of prostatic spasm, the spasm of the membranous urethra, and the cervicocystic spasm. "There exist," says he, "special forms of prostatic hypertrophy which by themselves are able, under the influence of a foreign cause, such for instance as congestion, to close completely or incompletely the prostatic portion of the canal. These forms we have denominated constrictive or occlusive hypertrophy. Under such conditions we have not far to seek the reason for the arrest of the sound, for here is a marked deviation of the canal; there is an abrupt angle which transforms the normally straight canal

into the form of a bayonet. It is a jut or a bar which is going to close the urethro-vesical orifice. Here the obstacle is permanently fixed and will not become modified in time.

"Of the forms which are the exceptions there is a whole varied series of prostatic hypertrophies, which leave the lumen of the canal perfectly free, or only so modified that it is clinically unnoticeable unless there is a foreign influence to make it so. This influence which does not act continuously, and which produces the alteration of now easy micturition and now retention, of now easy catheterism and then difficult or impossible, this is what is usually admitted to be congestion. There is no doubt but that congestion plays here an important part, but why not admit here a certain degree of spasm too in the prostatic portion of the urethra as a factor in the complication?"*

According to this author prostatic spasm is habitually concomitant with spasm of the membranous urethra, of which spasm it is a solitary part; and the proof of this he says is that it is conquered whenever the membranous spasm itself is conquered.

We have already shown how the administration of the combination of hyoscyamine and brucine causes always and rapidly this spasm to cease. It is therefore infinitely regrettable that this author should have failed to give this information for the benefit of his readers, and also for the benefit of the patients who are exposed to the hard necessity of catheterism.

* *Traité de la dysurie senile et de ses complications*, par V. Ricket, professeur agrégé à la Université de Lyon, 1899, p. 3 et 112.

Suorarenal extracts have been used with success in Italy in the treatment of gastric and intestinal dilatations from atony.

Coroners' juries usually refer sudden deaths to "heart disease," but Hill enumerates over 120 different causes, in addition to poisons.

CHAPTER VIII.

SENILE HEMORRHAGE. INTESTINAL HEM-
ORRHAGE (MELENA). CEREBRAL
HEMORRHAGE (APOPLECTIC
STROKE).

The hygienic therapy of the aged comprises always all indications and needs which youth and adult age do not. Now these indications necessitate, which classic medicine meets with many potions and many bottles, and dosimetry meets effectually with some granules and a few little vials, which a person can keep always with him, and they are his safeguard and as it were his police assurance against decrepitude.

It is not enough to maintain the normal dynamics of the nervous system alone in constant good condition. We must also be able to assure the same for the circulation, so as to render impossible the attack of those two unfortunate diseases of the aged, viz., intestinal hemorrhage or melena, and cerebral hemorrhage commonly known as apoplexy.

Besides the diminution of the fibromuscular impulse of the heart, the current of the blood in the aged is slackened by the diminished elasticity of the arteries, too. It is this last fact that made a great physiologist say that a human being's age is always that of his arteries. This aphorism applies above all to the capillary arterioles, which have their place in the blood-current between the arterial and venous systems, and which perform their functions more or less well according as the degree of activity, professional habits, and the age, of every individual, render his hematosis or blood-regeneration more or less normal.

With advanced years the capillary

canals become less and less permeable, at first those of the periphery, then those of the deeper parts. Hence the serous stases of the more depending bodily parts. Two kinds of causes contribute to this: One is the thickening of the arterial walls, and the other is the development on their internal surface or between the lamellæ of their tissues of diverse deposits of a calcareous, atheromatous, osseous, or other nature. And since these deposits are apt to be around the orifices of the heart, they give rise to a greater or less considerable hypertrophy.

This diminution of permeability is sometimes in accord with venous plethora, in which case it may give rise to unforeseen functional disorders which will be so much the less suspected as that lessened permeability takes place in deeper parts of the body.

These venous stases of the aged are owing to a torpid condition of their nerves, whether this be in the depth of the abdomen, or in the liver, or in the kidneys, or in the stomach, or in some portion of the intestinal tube.

In the abdomen the usual consequences are either a diminution of intestinal secretions or a modification of the urinary liquid, or even of the biliary secretion, or a weakening of the intestinal peristalsis, or a hemorrhoidal engorgement, or lastly intestinal hemorrhage, so called melena, the counterpart of which in the aged is cerebral hemorrhage or apoplexy.

The hemorrhagic diathesis is a very long time in developing, and in most cases it can be an object of preventive treatment. "In those who are thus threatened," says Durand Fardel, "it is urgent to watch the renal functions, for



Delirium: Whenever the erotic excitement is present, in febrile or other deliriums, givegelsemine to full effect.

Deafness: In cases of relaxation of the tympanum quinine has been given with benefit. Give enough to cause ringing.

every diminution of urinary secretions indicates a bad prognosis."

INTESTINAL HEMORRHAGE.

This hemorrhage affects most frequently the small intestines and consists in a transmission of blackish blood to the surface of the mucosa. It is this that gave it the name *melena*. It rarely occurs before the age of 60. It happens above all in individuals of rich diet, the gouty, the plethoric, the hemorrhoidals, the plethoric subjects of a congested liver or of the liver and spleen at the same time.

This is always a grave affection and needs only to be accompanied with chill, cutis anserina, pallor and syncope, to become promptly fatal. In this hemorrhage, the same as in cerebral, when it has once taken place it is almost always too late for the physician to intervene efficaciously, so as to restore the health for a long period of time.

In either of these cases it is preventive medicine which ought to intervene in good time, and in the majority of individuals it can show itself powerful for good. From this prophylactic point of view, dosimetric therapy, although it fulfills the same indications only which ordinary medicine does, yet as it has the immense advantage of being at once more simple, more powerful and more easily absorbed, its prescriptions are very exactly observed and are followed by more salutary effects.

When one is called to see a hemorrhage of this kind at its first appearance and when it is of considerable abundance, the first indication is to diminish the intravascular pressure, which can be nearly fulfilled by various means. First of all comes the application of cold, ice,

sponging or napkins soaked in cold water. Next will come strong derivation. For this we may put the four extremities in a depending position, and also plunge them all at once in a vessel filled with hot water, and retain the blood in the extremities with ligatures. The great advantage in this procedure is that we can withdraw briskly a great quantity of blood and keep it there in reserve to be easily returned to the circulation when the hemorrhage ceases. As to the abstraction of blood, general or local, it will only be possibly indicated in very rare cases of general plethora.

The diet being of great importance in these cases it becomes necessary to determine the place whence the hemorrhages come. For this the best guide will be the sensation of pain or smarting provoked by palpation, and the different reactions according to the place where the breaking out of the blood happened. For the small intestines, which is the usual seat of *melena*, it will be colic that will be first felt. These are *en rapport* with the displacement of matter, and will be accompanied by a desire for going to stool, so much the more pressing the nearer the trouble is to the rectum. On the contrary, for the stomach the predominant sensation will be that of disagreeableness and nausea. Since alimentation is here indispensable in order to prevent imminent anemia, it will be necessary to choose food which is least exciting, most nourishing, most digestible, and give it in only small quantities at a time.

It will be useful also that the aliments partake of the nature of medicaments, which are believed to be helpful in arresting hemorrhage. Creams, sugared rice cream, white of egg, yolk of egg,



Deafness: Cases due to disease of the labyrinth have been reported as cured by pilocarpine enough to cause sweating.

For gouty individuals and plethoric subjects colchicine has been used with good effect; enough to cause some nausea or diarrhea.

are aliments that seem to be preferable because they do not compromise the effects of any medication, whatever that may be. This medication ought, in most cases, to be confined to substances that are most easily and quickly absorbable, as *e. g.* the ergotin and tannin granules, or better these and brucine, one of each together every half hour. In certain cases these may alternate with a potion or syrup of iron perchloride. Should it happen that the work of reparation excites febrile phenomena, then recourse may be had to the antipyretic triad.*

PREVENTIVE TREATMENT.

This treatment being nearly the same as for cerebral hemorrhage, of which we shall speak immediately, we would not repeat ourselves and notify the reader that he will find the treatment a few pages further on, under the title of prophylaxis in hemorrhagic diathesis.

CEREBRAL HEMORRHAGE (APOPLECTIC STROKE).

This extravasation of blood into the substance of the brain suspends immediately the intelligence and partially so sensation and motion, and constitutes always a disease of great gravity. Even when the hemorrhage is slight and the paralysis of short duration, the recurrences are frequent and the softening of the apoplectic focus may bring in its train physical and nervous disorders.

As an immediate treatment, if the case is seen immediately after the occurrence of the accident, a venesection from the arm or from the jugular may have the most useful effect. But apart from such

a case and even after bleeding it is the internal hemostatic medicaments that are physiologically indicated. Under such circumstances there seems nothing that ought to be preferred to ergotin given hypodermically.* In order to get a more prompt and certain effect it is advisable to make the injection on the side of the head where the extravasation is supposed to have been.

As to the other indications the following seem to us to be rational:

1. Try to diminish the head congestion with intestinal derivatives, saline laxative, tartar emetic, enemas, etc.
2. Arouse the excitability of the nervous centers with soluble salts of caffeine, whose action should be sustained if necessary with brucine and in very rare cases with aconitine.

PROPHYLAXIS IN HEMORRHAGIC DIATHESIS.

What are the causes that constrain the intestinal circulation? What are those of cerebral origin?

It is in determining these causes with the aim of suppressing them, or of annihilating their effects, in which the problem of prophylaxis lies. These causes, whether of a general or particular kind, interest the general or the local circulation, or sometimes both, and they are quite frequent. All congestions of the liver and spleen, all abnormalities of the nutrition, all disorders produced by constipation or incomplete relief, are causes of that kind.

Among the predisposing causes we must put in the first the sedentary professional life of city people and office employees. Next come those who abuse

* The author has evidently not yet appreciated the importance of atropine as a hemostatic, although he recognizes the principle of impounding the blood safely in the extremities by ligatures. Atropine directs the blood to the skin and keeps it there, away from the bleeding point.—Ed.

* French alkaloidal hypodermic granules (Charles Chanteaud) of ergotin contains five centigrams; American contain gr. 1-10.

Deafness: The cases that have been reported as aided by aconitine are probably congestions of aural tissues.

Deafness: I cured one case once, by examining the external meatus and removing wax, cotton, etc., a teaspoonful.

the drinking of alcoholics, strong wines, absinthe, cognac; finally, all those who living in confined air make abuse of beer and tobacco. The hot season of the year is above all to be feared for accidents of this kind, for they may happen then when one is but little fatigued, which condition a person could easily support in the winter season.

In persons that are thus menaced, the habitual congestion makes itself known by vertigo, somnolence, hebetude, staggering, transient deafness, flashes, redness of face and ears, tension of the carotids, etc. However, these premonitions are not always present. To assure the vitality of the nervous system, the purity of the blood formation, the normal equilibrium of the functions, these are the necessary, indispensable prophylactic measures; and for this effect dosimetry offers three remedies, whose employment is as easy as it is efficacious. These are strychnine arsenate, saline laxative and quassin.

As to strychnine arsenate, which is the *nervosthenic par excellence* of the aged and at the same time a perfect tonic antiseptic, we have nothing to add to what we have already said before. The same about quassin, the active principle of quassia amara, a tonic purifier of the digestive tract. But as an intestinal modifier and hematic regulator, we must mention particularly the Seidlitz Charles Chanteaud.

SEIDLITZ CHARLES CHANTEAUD.

This salt of magnesia, purified by calcination, from which all organic germs and all the chlorides and iodides are removed, is in effect the purifying laxative *par excellence*. Owing to the little ex-

cess of magnesia which gives the solution a milky look, it can well serve the function of a good alkaline solution. This salt, moreover, does not act as a disturber and spoiler as other purgatives do, but rather as an intestinal regulator, producing as it were a hygienic wash-out; a remover of ferments and a promoter of absorption.

An experience of twenty-eight years in France and abroad (and what shall I say of the immense consumption of Abbott's Saline Laxative in the United States, its dependencies and elsewhere on the American continent?—Tr.) has demonstrated that a daily refreshing dose of one teaspoonful or a tablespoonful as a laxative can be taken advantageously for months and years. No analogous preparation is more effective, not only to prevent in the aged the induration and thickening of the capillary arterioles, but moreover to combat the hemorrhagic diathesis, and to preserve the subjects of it surely against the attacks of melena and apoplexy.

CHAPTER IX.

ALKALOIDS IN SENILE THERAPY

It is not a mere fortuitous coincidence that a great number of alkaloids are found to be such valuable sovereign remedies in the therapeutics of the aged. This fact is explainable by very precise physiologic considerations, which are very important to know. It is a fact that all the alkaloids are *par excellence* stimulants of vitality. Used in proper doses, *i. e.*, minute and successive, they are all capillary vasoconstrictors and excitants of the nervous elements of the cerebrospinal system and of the medulla oblongata. Certain of them, strychnine



Deafness: Don't forget to examine the nasopharynx and relieve catarrh, so as to relieve the eustachians from closure.

Delirium: For that of fevers, when severe, atropine has been advised, but it is better to remove the causes.

and brucine, are besides that also elevators of muscular energy.

These qualities inhere in them not because they are alkaloids but because of their vegetable origin. The extracts of the same plants which furnish us the alkaloids possess also precisely the same property of vital incitation, but in a less degree and very variably, according to the place and the season where and when the plant was gathered. The more the plant was exposed to the sun and gathered at a proper time after blooming, the more alkaloidal matter will it contain. It is, therefore, the sun which is the grand furnisher of alkaloidal matter, and it may be said that all these vegetables, especially the most active ones, come to us from inter-tropical regions. These properties which are inherent in the plants constitute a dynamo-vital particularity, which is not shared by either the substances that are obtained from the mineral kingdom, nor on the whole by the products of chemical operations.

Moreover, all the bodies of the aromatic series, such as the phenols, antipyrin, the salicylates, are all for the organism like the potassium bromide vasodilators of the capillaries and paralyzants of the nervous elements of the medulla, and in large doses may even become destroyers of the hemoglobin. They may in certain cases be very well and usefully employed as antithermic remedies, but the question is here about their property of deprimating the nervous system and the vitality of the capillaries. It is on this account that they cannot be employed for a long time without inconvenience and many of them are badly borne by the stomach.

An exception must, however, be made

Delirium: Severe forms in fevers are due to autotoxemia, fever, lack of assimilation, loss of sleep, or lack of food.

of those mineral substances which enter normally into the composition of the organism, such as iron, arsenic, sodium and potassium salts, etc. But it is to be remarked that the mineral substances do not assimilate well except when they are combined with vegetable acids.

The alkaloids which have an interest for us in the special affections of the aged are not very numerous, but for that are their actions remarkable and typical. Besides the components of the antifebrile triad (aconitine, digitalin and strychnine), which is common in the therapy of all ages and of which we spoke in the third paragraph of our preliminary ideas, and besides the saline laxative which produces always, surely and without colic its laxative and refreshing effects, we count but few more than a dozen alkaloids that are really special in the affections of the aged.

Among these alkaloids there are some, such as morphine, codeine, atropine and hyoscyamine, for which the occasions to employ are very rare, because excesses of sensibility and muscular vitality are rare in the aged. On the contrary, the alkaloids which excite the vitality, such as strychnine, brucine, aconitine, digitalin, pilocarpine, quassin, helenine, caffeine, colchicine, arbutin, lobelin, also the trophic stimulants of the mineral kingdom, such as zinc phosphide and lime glycono-phosphate, find almost perpetual indications. We shall say here a few words about those which have not yet been noticed in this essay.

PILOCARPINE NITRATE.

This alkaloid is derived from the Brazilian plant *Pilocarpus Jaborandi*, discovered by the chemist E. Hardy, in 1875. The dosimetric (alkalometric) granule pilocarpine nitrate contains one

Delirium: In one severe fighting case, typhoid, antimony pushed to full effect was necessary and effective.

milligram (gr. 1-67), has no taste whatever, has the advantage of being taken by infants at the breast without any difficulty. It is a sovereign energetic excitant of the salivary, sudorific, hepatic and also bronchial secretions. It is thus found to be indicated in all respiratory affections, in all pleurodynias and other rheumatic morbidities.

In lobular congestions of the bronchi as well as in the apyretic pneumonias of the aged, you will obtain the most signal service from this remedy whenever the cardiac functions are performing normally and do not counter-indicate it. Equally very useful is this remedy in mumps, when the nitrate or hydrochlorate is given hypodermically, producing its physiologic effects at the end of three minutes. It commences with a blush on the cheek-bones and neck, pearly little drops of sweat, after which comes the hypersecretion of the salivary glands. The rapidity of these effects may become a very valuable resource for the physician, especially in field practice, where the affections from getting cold are so frequent.

The usual dose *per os* is from 20 to 25 milligrams, hence so many granules (20 to 25, gr. 1-67 granules equals gr. 4-13 to gr. 5-13) given in three parts at five-minute intervals, so as to prevent stomach contractions. The hypodermic dose is from 12 to 15 milligrams (gr. 3-16 to gr. 3-13) for adults.

In the aged where we meet with *asystolia* so frequently it is preferable not to give this dose at once but in two or three times, at five-minute intervals, leaving the needle during that time in place.

Delirium: The active form in fevers is controlled by enough *hyoscine* to secure sleep, if fever is controlled.

QUASSIN.

The extract of *quassia amara* is a stomachic stimulant tonic, aiding the stomach in its work of digestion. It is at once an antiseptic and a regulator of the biliary secretions. Hence it is indicated in almost all kinds of dyspepsia but especially in those of the aged.

It is very useful in the morning phlegmic condition of alcoholic individuals. It is equally beneficial in coughs and headaches of gastric origin. Associated with morphine or *hyoscyamine* it corrects the stupefying action of these alkaloids. The granule is of 0.001 (gr. 1-67) and two of these should be given at every repeat.

HELENINE.

This is the active principle of *inula helenium*. It is a good antiseptic and stimulant of catarrhal secretions and is therefore used in bronchial affections, also in those of the larynx and of the bladder. It is often very useful in whooping-cough and might be useful also as a gargle.

It is also a tonic of the digestive tract, useful in atonic dyspepsia, flatulence and in hysteria. The dose is from one to three granules, four or five times a day.

LOBELIN.

This is the active principle of *lobelia inflata*, which contains the alkaloids *lobeline* and *lobelacrine* which is not used on account of its acidity. "In small doses," says Prof. Laura, "*lobelin* is, like all alkaloids generally, a sedative and vital incitant." Administered dosimetrically it augments cardiac action, excites the spinal and peripheral nerves and moderates the expenditure of matter.

Delirium: The active form in fevers calls for *hyoscine*, with either *veratrine* or *aconjine*, and *gelsemine* sometimes,

In asthma it is one of the most powerful of medicaments. It is very useful in cardiac nervous asthma, and according to Fournier even in asthma of vascular aortic origin. In the latter case it is frequently usefully combined with either strychnine or digitalin.

The dose, regulated in half a milligram (gr. 1-134), is from one to two every hour in usual cases.

CONCLUDING REMARKS.

To resume, finally we will say that we do not desire practising physicians to believe that dosimetric therapy constitutes a special doctrine, a sort of a new holy ark. The physiologic principles upon which it rests are those of science, *i. e.*, those of usual medicine. Its grand innovation has been in making common in practice a great number of alkaloids, agents which are most energetic and precise in the *materia medica*, like aconitine, strychnine, colchicine, digitalin and a dozen of others which were not employed before. It has obtained the following results:

1. It has established a permanent always identical subdivision of these substances in granules of a milligram and of a half a milligram.

2. It has established a sure rule and method of their administration and rendered their use inoffensive and at the same time very efficacious and has filled up another lacuna in ordinary medicine.

3. Lastly by associating certain of these granules together it has obtained antifebrile effects of such a utility as was never known before this time.

In the medicine for the aged, where it is so essential that the organism maintain constantly the normal sum of physical and intellectual activity, it puts at the disposal of physician and patient remedies of great precision, convenient and usable in all places, capable of maintaining their activity.

There is need here of very precise remedies, for what we want here is not only to retard decrepitude by continually replacing decayed organic cells that are struck by senility, but we must see also that the force of one apparatus should not be diminished by our efforts to excite the vitality of another apparatus.

It is to this then, that the dosimetric granules so admirably lend themselves, thanks to their extreme smallness, their dosage and their valuable property of stimulating vitality.

Lyons, France.

THERAPEUTIC VALUE OF JUGLANDIN.

By Dr. Albert Salival.

(From "*La Dosimetric*," May, 1903, translated by Dr. Epstein for THE ALKALOIDAL CLINIC.)



R. J. Roussel devotes a lengthy article in the "*Medicine Hypodermique*," (first quarter of 1903) to the remarkable work of Dr. Tetan published in the "*Bulletin general de Therapeutique*," under the title of *Contributions to the study of*

preventive and curative treatment of phthisis pulmonalis by modifying the soil predisposing to it. I select the following from that article and from the numerous notes that accompany it, because I am strongly struck with the tone with which it presents a thing as almost

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Delirium: The wild forms of puerperal or suicidal mania are said to be controlled by daturine—mixed atropine and hyoscine.

Delirium: Whenever the pulse will allow it, veratrine is the safest and best, because it unlocks the eliminants.

unknown in use, while it is really a therapeutic agent held in great honor among dosimetrists (alkalometrists).

One of the most distinguished professors of the school at Reims, Dr. Luton, who is the discoverer of interesting therapeutic agents, says Dr. J. Roussel, had found in the extract made from the leaves of the walnut tree a most powerful remedy against tuberculosis and its granular condition (*granulie*). The effects of this preparation, he writes, are admirable; the fever quiets down, the tongue becomes clean, the appetite returns, in a word, the patient seems to be born again to live. All the functions, which for a time were either suspended or perverted, resume their habitual course; the chest shows improvement step by step; dyspnea ceases, pulmonary congestion dissipates, the rales become freely humid, and expectoration becomes easy and ceases almost altogether.

"To be just," says Dr. Roussel, "we must yet add, that it was the work of Dr. Negrier of Angers about the remedy in question (*Archives generales de Medicine*, 1841-44), which directed the attention of the learned professor of Reims to it; and yet the former never thought to treat with the extract of walnut leaves anything else but strumous affections, while the latter made use of it against the far greater enemy, tuberculosis.

"We rely, therefore, upon incontestable authority, when we conclude that a dose of 3, 4, or 6 grams (gr. 45, 60 or 90) *pro die* of the extract of walnut leaves, is a most powerful remedy against chronic bronchitis."

"The above lines clearly show that Dr. Roussel, like many other of our con-

freres, is absolutely unacquainted with the experience had by the dosimetric school concerning juglandin, the active principle of *Juglans Regia*." (Here I stop to protest most decidedly on the part of American alkalometrists against calling a "school," what is merely a method. In saying that we are not and desire not to be a "school," I shall I think be supported by the readers of this journal.—Dr. E.) The physiological activity of juglandin is to increase the appetite and favor digestion, while it is at the same time astringent and tonic. It is on these accounts that it is highly indicated in the treatment of the dyscratic dyspepsias of scrofula and tuberculosis.

In dosimetry (alkalometry) juglandin is administered either in 10 or 20 milligram granules a day (gr. 1-4 or gr. 1-3) or in centigram granules (gr. 1-6) one or two a day. It is mostly in tuberculosis that dosimetrists (alkalometrists) prescribe this remedy; and what indeed are the modifying reconstituents which they use always when treating this terrible disease? These are the granules of hypophosphite of calcium, glycerophosphite of iron, glycerophosphite of calcium, juglandin, helenine, iodoform and sulphide of calcium.

Run an eye through the works of the founder of the dosimetric school (We protest.—Dr. E.), or of his disciples, Drs. Van Renterghem, Laura, Oliveira, Castro, Ferran, etc., and you will see invariably that juglandin is recommended as an antitubercular reconstituent. Dr. Ferran above all others recognized and declared this agent, the same as Dr. Luton did, to be an excellent remedy in that affection which at the present time engages the solicitude of the medical



Delirium: A full hypo, of apomorphine will take the starch out of a hysteric or an "ugly" fighting maniacal case.

Delirium: For traumatic forms with pain and insomnia, give a full dose of morphine hypo if sure of your kidneys.

profession the world over. I myself made use of it on many occasions for the last fifteen years, and I never had any other reason but to felicitate myself on having adopted it.

The effects which are mentioned by Dr. Luton I have often observed in my patients, and with patience and time I often got results most satisfactory.

I wish here to remark, the same which Dr. Negrier indicates in his lucid memoir on *the employment of the preparation of the walnut tree in scrofulous affections at all periods*, that we must have the courage to persevere month after month, and even a year and more.

Dr. Luton makes use of the extract made from the dried leaves of the walnut tree. He prescribes this extract either in a mucilage or as a potion, daily, containing from one to five grams (gr. 15 to gr. 75), or in the form of pills each containing 30 centigrams (gr. 5) of the extract and a sufficient quantity of the powder of the walnut, giving two to four pills a day.

As for me, faithful as I am to the principles of our school (I protest.—Dr. E.), I prefer the granules of juglandin to the extract of the walnut tree, and in proper places I order one or two centigram (gr. 1-6) granules and at the same time the compound antidiathetic granules, and all of them in an infusion of the dried leaves of the walnut. Rabuteau remarks well that this infusion is as agreeable as tea, a fact which not many people know. In this way the patients get on well from every point of view.

It will thus be seen that the utilization of the physiologic and therapeutic properties of the leaves and shells of the walnut is not so rare as it would seem from what Dr. Roussel says. Dosi-

metrists (alkalometrists) use it very extensively. I will also add that the remedy is even a traditional one in many a family, and notably so in the south of France, of which I speak from experience, having been born and lived there to my twentieth year of age. The mothers of families in that region give every morning a decoction of walnut leaves to their infants for months in succession, whenever they show a strumous or even simply a lymphatic constitution. Personally I submitted myself many a time during my early infancy to this prophylactic measure, the same as did the greatest part of my little comrades, the good effects of which I certainly can prove.

I profit, therefore, by the occasion which Dr. Roussel offers me to call anew the attention of my dosimetric (alkalometric) brethren to this juglandin, who may have lost it from view; and hope that they will believe me. Juglandin employed together with the antidiathetic granules, and with the hygienodietetic regime, and continued for many months if need be to them, is a mighty help in combating a disease against which the practitioner feels himself freely at fault and completely disarmed. And I will repeat to them what Dr. Negrier says, that they should not be discouraged, that they should persevere a long, a very long time, for this is the price of final success. "Genius is made of patience," said a profound thinker. We may say the same of the cure of tuberculosis. Without patience, without continuity of effort, it is radically impossible to attain the aim.

If compared with other and the most reputed medicinal agents, juglandin acts against tuberculosis but slowly. It has



Delirium: Cypripedin is a very nice mild remedy for nervous weakness and unrest, half a grain every half-hour.

Delirium: For paretic cases, softening of the brain, nocturnal delirium, give cannabis in reasonable doses.



nevertheless this advantage over them, it acts with certainty, especially when aided with other suitable remedies. Let us therefore not demand of it what it

cannot give, but let us learn to allow it to procure for us a certain benefit by giving it time to do so.

France.

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### ALKALOIDAL MEDICATION.

Read before the Pawnee County Medical Society.

By E. L. McCrear, M.D.



R. President and Gentlemen: The subject which I have chosen is Alkaloidal Medication. In coming before you with a paper of this kind I have no doubt you will ask why I have chosen this subject. My answer will be by asking, why do you have so much to write about surgery?

Every man that can perform a laparotomy will write an article that will fill half a dozen pages in some medical journal, giving the technic and detail of the operation, and the average physician after reading the article will know no more about it than before.

The subject on hand is one to which we should give more attention. We have retrograded along the line of medicine as a profession. We have turned a deaf ear, and all strove to make surgeons, with the exceptions of a few men like Waugh, Shaller and Abbott, who for the sake of man have pushed on and on, until at last they have succeeded in that great undertaking which they set out to accomplish. Those are the brainy men of America, who have fought the battle and have won the victory.

About 50 years ago Prof. Burggraeve of the University of Ghent urged the value of the alkaloids, and it is to him that honor is justly due. Pause for a moment, and think of the decoctions and

infusions of herbs which many a poor, sick soul had to drink, and before taking the filthy cup from his lips would vomit the horrible stuff up, to be repeated by another dose.

This has been replaced by the alkaloids, which are so clean, neat and nice to take. Who would think of giving powdered opium when we could give a granule of morphine, or give powdered nux vomica when we can give strychnine? It is for the active principle in drugs that we give them, and not for the bulk. Patients are killed by accumulations of crude drugs. They lie in the stomach for days when inactive, thereby causing poisoning. No doubt some of you sitting under the sound of my voice have seen the time when we gave powdered Peruvian bark, where we now give quinine. What a grand thing it is to progress and live in a time of progression.

Yet some of us are blinded, and will still follow in that well-beaten path, until we lose our patients and awake to the fact that the procession has moved on and left us in the same old rut. Gentlemen, if any of you are asleep, wake up, and get in line, for the procession is passing.

In the active principles we have the inert properties removed, and the dose is small. Not so with the crude drug,

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Delirium: For low, muttering typhoid delirium, give camphor monobromate or zinc valerianate, small, rapid dosage.

Delirium: For coma vigil, low delirium and that due to starvation, give caffeine gr. 1-6 every ten minutes—any salt.

which is large, nauseating and difficult to take. How about some of the other drugs?

How many of us continue to use solid and fluid extracts, and the tinctures of equally uncertain and dangerous strength, of belladonna, digitalis, hyoscyamus, etc.? Upon what do you depend for the medicinal action of your belladonna in whatever form you prescribe it? The answer with one accord is, the active principle (atropine). That is true, but in giving the crude drug, how do you know how much active principle you are giving? Is it not a fact that no two samples of the crude drug yield the same per cent of alkaloids? Some will say, they are assayed. Yes, but are they standardized? May be, so far as one of the properties is concerned, but how about the accompanying elements?

For example, fluid extract of digitalis. You are given the per cent of digitalin, but do not state how much of digitonin. The same is true of hyoscyamus, the per cent of hyoscyamine is stated, but nothing is said of hyoscine.

The facts of the matter are, gentlemen, we are giving drugs in their crude form which are antagonistic to each other. To be honest with each other, let us weigh this question carefully and see in whose balance we are found wanting. For 6 years with the hypodermic syringe in my hand I had a fair opportunity to test the active principles on the lower animals, and those years of experimenting made me an advocate of the alkaloids.

Every physician should be well versed in the physiologic action of medicine. I have been called in consultation with brother practitioners who had given the crude drugs until their patient was de-

lirious from the medicine, and they thought their patient was ready to cross the chilly waters. What was wrong? Lack of knowledge of the physiologic action of the drug they were giving.

The learned Master (Burggraave) said that a physician should know the physiologic action of the drug, and tell the patient how it will act. You will gain the confidence of patients by so doing.

If you will read Shaller's Guide on Alkalometry, you will get the method of prescribing the active principles and free your minds of doubts and fears. Then when you get a case push the drugs to their physiologic action and watch the effect.

As to administering the granules, you can use them hypodermically, in solution or in the granule, as case demands. By having the dose mathematically calculated we can give one granule at a dose, or as many as we desire, till the effect is produced. For example, aconitine; when temperature is high we give one granule every 15 minutes till effect, then every hour till temperature is down. Now what is true of the active principles I have mentioned is true of the whole of the alkaloids.

In conclusion I would ask of you, gentlemen, to give this subject your earnest consideration, as in my feeble way I have tried to present this subject before you that you might profit thereby.

Table Rock, Neb.

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We respect the impulse that leads a physician who feels that he has got a good thing to wish that his brethren, and even his business rivals, may have its



Delirium: For coma vigil, low muttering, or that due to starvation, cocaine gr. 1-6, every hour, if acting well.

Delirium: So many cases are due to absorption from the bowels that antiseptics may be trusted to prevent most cases.

benefits as well. What other set of men show such altruism? The wonder is not that there should be such exhibitions of selfishness in our ranks but that there should not be very much more of it.

Keep the ball rolling. Start discus-

sion wherever you can. Put alkalometry at the brethren at every opportunity; until they just have to study it, even if only to antagonize it. Whenever a man begins to look into its merits we've got him, sure.—ED.

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### THE PATHOLOGY, PREVENTION AND TREATMENT OF MALIGNANT DISEASE.

By E. R. Rost, Capt. I. M. S.



AM anxious to bring to your notice a certain view regarding the pathology of malignant growths, from which a method of treatment has been devised, and as far as it has gone has given encouraging results. I have been working at the pathology of malignant growths since July, 1901, and have experimented with forty tumors, ten being in the living subject, with a view to treatment.

I came to the conclusion that the blastomycetic origin of malignant growths was the line of investigation to adopt, from the constancy with which these organisms were obtained from tumors where contamination was unlikely. I found moreover that these organisms grew best in cane sugar, and it struck me that glucose might have something to do with the causation of malignant growths. Later on it was while trying certain sedimentation reactions that I found that normal saline solution agglutinated a species of blastomycete, one of the saccharomycetes, which was obtained out of tumors both carcinomata and sarcomata of great variance in structure and position.

This led me to believe in a controversy between glucose and chlorine with regard to this organism, and I began to

look to statistical data, chemical-physiological data, chemical-pathological data, experimental data and also clinical data, and will now attempt to show how these data agree with this idea of the nature of malignant growths. And it will be seen that malignant disease is due to a saccharomycete which grows in the body favored by glucose, such growth being admissible only when the amount of chlorine in the body falls below normal.

Then follow data, clinical data. The two other cases I have now under treatment. One a large epithelioma of the scalp, has been under treatment for eight weeks. He has increased in weight, the secondary glands on both sides of the neck have gone down and are certainly much smaller, the growth is gradually vanishing partly by atrophy and partly by suppuration.

The other case is an epithelioma of the lip. This has not been long under treatment but the growth is degenerating and beginning to come away.

By this treatment not only does the new growth appear to atrophy, degenerate, break down or ulcerate, but the secondary deposits seem to disappear, the general health improves, the weight goes up and the pain ceases.

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Delirium Tremens: For insomnia with cyanosis, cold skin and coma vigil, give atropine gr. 1-500, every ten minutes till effect.

Delirium Tremens: Hyoscine hydrobromate often controls this in a remarkable manner; gr. 1-500 every ten minutes till effect.

The treatment consists firstly of a strict diabetic diet, and secondly of piling in sodium chloride into the body, preventing its excretion as much as possible. I have been giving 1-1000 part of the body weight daily by the mouth or rectum, and having sodium chloride ointment rubbed into the body. The action of the kidneys should be lessened by restriction of fluid, and by giving opium; and perspiration kept under control as much as possible. If there is a fungating mass this has been dressed with sodium chloride or with sodium hypochloride, which is the more unstable salt. A still more unstable salt is the electrolysed magnesium chloride, but I have not tried this yet.

One can now understand why x-rays should increase this action of the chlorine by making the salt more unstable. I hope to try this before long. The treatment must be naturally a slow one and perhaps a little drastic, hence the difficulty I have had in treating cases.

There are many questions as to the pathology of malignant growths which this theory explains, such as the reasons why certain organs are affected more often than others, the types of tumors, their malignancy, etc., which may be accounted for by the variance of the saccharomycetes themselves on the one

hand, and the amount of chlorine present in the tissues and sugar in the blood on the other, accounting for the variance of tumors in the same tissue.

Sangren, Jhind, India.

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Truly, scientific medical opinion is a fearful and wonderful thing. The man who puts up the prevailing theory as the ultimate truth and presumes to ostracize those who refuse to subscribe to it, has little reason for his course. For years we have seen the prevalence of Broadbent's view that the excessive use of salt is one of the main causes of cancer, and now we are told that it is the lack of salt that gives rise to this malady. We must have theories, as working hypotheses; but the harm results when theories are mistaken for truths and action based thereon. Even evolution is but a theory, a basal one and rendered probable by an overwhelming mass of testimony, but still the advance of knowledge may see it superseded by some other. It would be interesting to know as to the prevalence of cancer among peoples who use little salt, and those who use more than usual. The few personal observations we have made indicate the prevalence of this affection among families who are in the habit of eating much more than the necessary proportion of meat.—Ed.

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# CHOLERA INFANTUM.

By R. J. Allen, M.D.



NOTICE in the June number of THE ALKALOIDAL CLINIC, under the head of "A Mortgage," an invitation for articles on cholera infantum. If this article is

worthy of consideration I hope it will be the means of causing somebody to think and write more from his own personal experience. I do not suppose that anything can be said that will more

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Delirium Tremens: For furious delirium with full strength, give veratrine, aconitine or antimony, until quieted.

Delirium Tremens: In cases whose pulse admits it, veratrine is exactly indicated, to secure full elimination.

thoroughly acquaint the old practitioner with this disease, but perhaps someone who is a "recent issue of some of our medical incubators," can catch a gleam of light that will stand the test of actual practice. I am confident that some future time will find us in possession of the knowledge of a specific bacillus causing cholera infantum. There is one fact that stands out boldly to corroborate the above prediction, that makes its denial almost inexcusable. In the crowded tenement houses and hospitals of the large cities, as well as among the wealthy and poor on the farm, the disease varies but little.

**Symptoms:** The onset of cholera infantum, contrary to the writings of some good men, comes on gradually. It is possible in most cases to detect the disease several weeks or even months before it appears in the acute stage. Diarrhea is a characteristic symptom—a "muddy Missouri River water" discharge. It may be, and frequently is, a greenish hue and just about the same consistency as the above-named water. Emaciation is pronounced from the beginning of the attack, dating back farther than any other symptom of the disease. The skin becomes loose and wrinkled, so much so as to remind one of the wrinkles of old age.

There are some other diseases or conditions that make it essential to correctly diagnose the trouble: Unripe fruit, the improper use of partly decayed vegetables, and lastly the practice of allowing the baby to nurse an already pregnant mother. The history, the fecal discharge and peculiar facial expression, will clear up any doubt in the mind of the physician.

**Treatment:** The treatment of cholera

infantum consists of two principal objects to be accomplished—first, medication; second, dietetics. The frequent watery discharge that is so grave a symptom and considered a pathognomonic sign of approaching dissolution, by some of our most brilliant authors, is so easily the victim of atropine sulphate 1-500 gr. every fifteen minutes to its physiologic effects, that it only needs a passing mention. Calomel gr. 1-10 every half hour is perhaps the best remedy at our command to remove the obnoxious contents of the intestines. In sulphocarbolic acid we have a specific, although I prefer the zinc salt, on account of its less nauseating effect and allowing a much larger dose. Glonoin is all that is needed to dilate the capillaries. Strychnine, Bovinine and Pepto-Mangan constitute about all that is necessary to wage a victorious war on these microbes. I use two drams zinc sulphocarbolate in one quart of water, injected as high into the rectum as can be easily done, three to five times daily. When lenteric diarrhea follows, I prescribe copper arsenite.

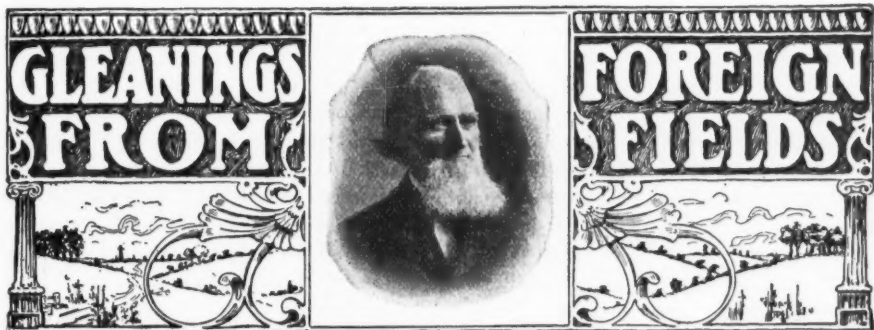
**Diet:** All food should be abandoned until vomiting has ceased. The enemas furnish us the most efficient source of administering food. Cow's milk and Malted Milk are perfectly harmless in the rectum. The ease with which the food can be removed makes it indeed a safe procedure. Soft boiled eggs with a tea made from fresh beef, are about all else that is necessary in the way of food. Mutton and pork, fried or stewed chicken, should be shunned, as should all vegetables. Milk should never be administered *per os*. Other symptoms should be met as they arise and treated accordingly.

Centralia, Ind. Territory.

**Delirium Tremens:** Capsicin in very large doses has proved most effective, relieving insomnia and restoring digestion.

**Delirium Tremens:** Give capsicin gr. 1-6 every hour till asleep or quiet and the thirst for alcohol is subdued.





Translated by E. M. Epstein, M. D.

### PROFESSOR VON BEHRING ON THE COMBAT WITH TUBERCULOSIS

On the 12th of last March Von B. gave a lecture on the above important subject to a large Vienna audience under the auspices of the Society for Internal Medicine. We shall condense the discourse as far as consistent with a clear deliverance of the Professor's thoughts, and let him speak in the first person.

The means hitherto employed in restraint of and combat with tuberculosis have proved inefficient. Hence the public interest in any promising help that comes from a trustworthy source. Hence the general interest in the first communication I made in 1901, although it concerned only bovine tuberculosis. And when I made known my experiments with bovine tuberculosis before the Berlin Tuberculosis Congress, I was overwhelmed with pathetic requests from consumptives to send them a healing serum, or to institute curative experiments on them. But I have made no experiments yet on human beings, and it will be a good while yet before such experiments will be possible to be undertaken. It is more possible that I may come to try a protective remedy against tuberculosis in children. How far there is hope in this direction

you will be able to judge when I lay before you my experiments on cattle.

The experiments in my institute for the immunization of bovines I consider as concluded for the present, and the reason for the further trials which I make is that I try to obtain a usable procedure, a sure experimental basis for combating human tuberculosis.

I have arrived here at an important turning point, when it is befitting to take a review of what has been accomplished, and a glance on what may be expected.

I will not weary you with the details of the preliminary history of my inoculating matter against tuberculosis and its preparation, of which I have written in veterinary journals. I will enter upon my more important labors in bovine tuberculosis only so far as it is or may become of importance to man, and which I have not made public, or only slightly.

In this category belong a series of phenomena in the behavior of bovines of various ages towards my inoculating matter. That matter is derived from cultures of human tubercle bacilli which I have bred during eight years. They are dried in a vacuum apparatus by

which procedure they acquire a portable form and retain their virulence unimpaired for a number of weeks. Of this an emulsion is made of four milligrams to four cubic centimeters of water and is injected into the jugular vein. Not one bovine out of the numerous ones that were thus treated ever suffered any harm, and this fact demonstrates sufficiently the harmlessness of my inoculating matter.

It is important that I mention the observations I made while making these injections, namely that the animals reacted on the injected matter variously according to their ages, the reaction being on the average stronger the older the animal was, while the young ones were perfectly indifferent to the injected matter. A transient slight fever occurs as a rule in the animal the day after the injection, and in some the fever is pretty violent and may last eight days. It was found that these violent fevers occurred in animals that were tuberculous, or that were suspected of being so. In practice the reaction was never more stormy than that, and yet in some of the experiments in my institute the same dose of the inoculating matter led to life-endangering phenomena. It is remarkable, that these hypersensitive bovines were highly immunized against tuberculosis, and yet showed still a reaction against tuberculin. In these bovines there occurred an acute dyspnea an hour and a half after, rapid pulse, and cedema of the lungs, from which some of them died, and the necropsy showed that cedema. When the animals survive this acute inflammatory reaction they are safe for always, but other phenomena develop gradually in the lungs, such as pneumonic solidification, and pleural

exudations. When such animals were killed three or four weeks after the disappearance of the dyspnea and fever, then the necropsy showed not a trace of any acute pneumonic solidification or pleural exudation. When however such animals are killed during the stage of reaction, then we can discover pleuropneumonic appearances. This is especially remarkable for the reason that the tubercle bacilli are doubtless the cause of this pneumonia, and living bacilli can be demonstrated in animals that are killed immediately after the injections. Hence it must be that the bacilli disappeared during the course of the reaction, and the pneumonia which is etiologically a tuberculous one is perfectly capable of being absorbed.

Out of my experience with 400 inoculated bovines I remember only one case of that kind. It was a nine months old bovine, which was in a well-fed condition some weeks after the injection, and was then killed, and there we found apex pneumonia, but tubercle bacilli were totally absent.

I investigated in my institute why it is that highly immunized animals react so violently on the injection of tubercle bacilli. The question was about a hypersensitiveness, which is met with in other immunizations, and which is sometimes marked by the presence of antibodies in the blood. The investigations showed that these animals which were so hypersensitive against the intravenous injection of my inoculating matter were reacting the same way against tuberculin too, although not so much when given hypodermically as when intravenously. Then, too, it was found that the serum of these animals agglutinated tubercle bacilli in a very high



**Delirium Tremens:** The extract of cannabis indica is safe and better as a hypnotic than chloral, but I don't use hypnotics.

**Delirium Tremens:** Strychnine comes in handy as soon as the pulse admits it, after excitement quiets down; fullest doses.

degree. These facts led me to bring in causal nexus the hypersensitiveness against the inoculating matter and tuberculin, and the ability of the serum to agglutinate tubercle bacilli. Koch rated the ability of an individual's blood-serum to agglutinate as a prognostic value against tubercle bacilli, and when we draw the consequences from my experiments we will have to conclude that a positive tuberculin reaction is a prognostically favorable sign. But it must be well remembered that from a single positive tuberculin reaction we can draw no prognostic conclusions either favorable or unfavorable. Further experiments have shown that young animals reacted less on the inoculating matter than did older ones. Long-continued experiments induced me to recommend in rural economy three months old animals for vaccine inoculation.

Considering the ways we must take for the immunization of the human being you will agree with me that we would not decide to immunize a human being with living tubercle bacilli, nor that we would use other isopathic methods in man, and I will not readily decide myself to use the same procedure in him as I do in the bovine. It is on this account that I thought to make use of anti-bodies for this purpose. But here I met with the objection that should we be even able to demonstrate the existence of anti-bodies against tuberculosis, these remain in the fluid blood but a comparatively short time, while the tuberculous virus is of extraordinary tenacity. In diphtheria this circumstance is of less weight, because after the disease had its course the organism throws off the virus, but it is differently with

chronic diseases and so with tuberculosis.

In my study of tuberculosis I found that the period of greatest danger is during the very earliest of life. Brutes as well as men possess in adult life mighty protective preparations against the incursion of tubercle bacilli, especially in the ferments of the intestinal apparatus, which protectives are wholly wanting in the young up to the third week of life, so that the newly born are defenceless against the incursion of living infectious stuffs. We have every reason to conclude from our experimental labors, that the newly born are most exposed to the danger from tuberculosis, and from this we can draw important epidemiological conclusions.

Both infectious stuffs as well as anti-bodies enter the body by way of the mucous membranes in the first weeks of its life, and accumulate in the blood. In the early weeks of life the anti-bodies are easily absorbed by the intestinal canal, but later on they are not. When these assumptions became incontrovertibly settled, and as matters of fact in my mind, then the thought occurred, why not utilize the anti-bodies of the milk from animals highly immunized against tuberculosis? And indeed the most important period to tide over the infants is their earliest few weeks mainly. To test, therefore, this method on brutes, I set apart a number of pregnant cows which were already immunized and examined the calves which they threw, how far they were immunized. In these young animals the injection produced almost no reaction at all, in spite of their great sensitiveness. My observations with reference to the influence of the age of the bovine on its reaction on the



Delirium Tremens: It is a lesson in therapeutics to see how much strychnine can be required and how good it is.

Delirium Tremens: After excitement is quelled, give strychnine nitrate gr. 1-20 every hour, increased as needed.

inoculating matter are in perfect accord with the investigations recently instituted by the Utrecht veterinary Professor Thomassen and published by him. He injected in the jugular veins of calves 4 to 5 weeks old, tenfold doses of what I use of human tubercle bacilli for immunizing purposes of animals. One animal overcame the injection with little difficulty, another one showed a pulmonary affection ten days after the injection, which affection was very likely connected with formation of tubercles, but in three weeks this one, too, was pronounced clinically cured.

I repeat again, that the definite proof of the effectiveness of my protective inoculation in bovines will be possible to be adduced only after the experience of many years in practice. But the results of my examinations and the protective inoculations carried through in practice hitherto, speak with great probability in favor of the usefulness of the method.

Quite a number of the immunized bovines were killed from six months to a year and three-quarters after the inoculation, during which time they were exposed to the unfavorable conditions of epizootic tubercular infection, and besides this were injected with big doses of bovine tubercle bacilli, doses which were decidedly fatal to the control animals. It was proved that when the bovines were injected with modified bovine tubercle bacilli there were found foci of tubercles on autopsy. When however human tubercle bacilli were injected, no tubercle bacilli were found, without exception. In farm animals too, which were inoculated, no trace of tuberculosis could be found after the most scrupulous examination post mortem, although they were exposed for

a whole year to natural infection. Here I must remark that these animals when killed were not of the age when they are most apt to acquire tuberculosis. In future we shall leave the control animals in life a longer time after inoculation.

A further evidence of the beneficial effects of the protective inoculation is found in the results of injections with tuberculin. I have to say, that a positive reaction on tuberculin injection in bovines, especially those which were protectively inoculated, does not give sure evidence of the presence of a tubercular disease in a herd. I look only upon the entire absence of tuberculin reaction as proof, and here is a case in point: In a farming village near Marburg, all the bovines in one instance were found to be tuberculous, except three heads of young cattle. These last were immunized with my inoculating matter. A year after that, these three heads were tested, together with other cattle, with tuberculin, and not one of them reacted; while the other cattle, among them those also that were not immunized, showed the reaction of tuberculosis. Similar experiences were had in other instances also.

Thomassen found that bovines which had been treated with human tubercle bacilli reacted with bovine tubercle bacilli in a manner which I formerly designated as hypersensitiveness to tubercle bacilli; subsequently, however, they recovered and on their post mortem examination no focus of tubercles could be discovered, and yet these animals showed a tuberculin reaction. In one case which showed tuberculin reaction after a protective inoculation, it showed no reaction after a second injection of



**Delirium Tremens:** Some cases cannot bear strychnine, even in doses of gr. 1-40, and these need special watching.

**Delirium Tremens:** The dosage of strychnine should be regulated by the tension of the pulse, kept constantly tense.

human tubercle bacilli, and the post mortem gave no trace of tuberculosis.

A splendid confirmation of the value of protective inoculation is the fact that not a single case of failure has occurred. It is on this account that for me the experiments at the institute are at an end, and further knowledge about the utility of protective inoculation will have to come from the greatest possible number of such inoculations in the practice of rural economy.

With this the investigations about bovine tuberculosis are concluded, and the question arises now, what consequences are to be derived from them for the combat with human tuberculosis? It cannot yet be foreseen how the conclusions which I draw from my bovine experiments will really shape themselves, and it is not possible to foresee when it will be possible to make effectual war against human tuberculosis. It will then only be possible when we shall have found a sure means to immunize the children against tuberculosis in their earliest age, or to tide them safely over the period when infection threatens them most.

I may say as my personal conviction, that we have as yet no properly speaking sure means of eradicating tuberculosis, and that we combat this plague with but palliative remedies. Among the chief organizations which we have in this war with tuberculosis are the sanatoria in the first line.

Twenty years ago Prof. von Schroetter resolved to establish a separate sanatorium for poor patients with lung diseases, and in 1890 he instituted the "Alland" union for that purpose. Little did anybody then, except the founder, perhaps, think to what dimensions this

idea would expand in so comparatively short a time.

In 1894 von Leyden lectured on the subject of sanatoria before the Assembly of Natural Researchers in Vienna, and found an already fruitful soil. Since then the Alland Sanatorium has exercised its most beneficent activity. There are at present 57 lung sanatoria in operation in Germany, and 27 more are expected to open soon. Special sanatorium unions have established themselves there. The Society of the Red Cross, especially the women's society, joined their sanatorium movement; and country insurance and accident societies are co-operating with them, and so too do sick benefit associations, and municipal and land authorities participate in this blessed work.

The purpose of these sanatoria is this: The patients that are yet curable should learn there to live under better hygienic and nutritive conditions than they did at home; they are to go through a rest cure and learn to lead a life suitable for them. When they return home to their families they are to influence the other members of the families for good in an educational manner. There is a good reason to assume that the sanatoria develop in all respects an activity which produces real benefits. Whether the wards get a permanent cure from their rest cure, which extends on the average over three months, this the future is yet to show; but it is already proven that the working power gained by the operation of the sanatoria exceeds by far the cost of keeping them up. As a supplement to the rest cures there are in Germany, occupation cures in rural colonies, and other occupations suitable for those who have been discharged as improved



Delirium Tremens: Even when the patient is excited and noisy the arterial tension often indicates the need of strychnine.

Delirium Tremens: If there is a doubt as to the administration of strychnine give brucine which acts quicker.



from the institutions. The reason for their endeavors is, that the good results obtained in those institutes was found to diminish rapidly if the individuals had to return at once to their former hard labor.

Independently also from the central committee for the erection of sanatoria, there arose also other organizations to care for youthful individuals, who are suspected of tuberculous infection because of various disease symptoms. Thus there are in Germany Vacation Colonies and Leo hospices for weak and scrofulous children. But all these establishments for the benefit of wholly or partially inpecunious families whose members are disabled by tuberculosis, do hardly diminish the number of the tuberculously infected in the general population, yet they improve the welfare of the individuals affected, increase their working capacity for a shorter or longer time, and increase the average length of life. It may happen too that the bettered condition of the returning family members will favor the contraction of marriages, and so the tainted posterity will become increased, which will affect abundantly the decrease of the number of tuberculous persons. But these considerations will not hinder us in fighting tuberculosis with all means at hand.

But we will not do as they did with the lepers in former times who, when they were driven from their houses, were left to their fate; or in more favorable cases were put into leprosaries where they found no place of healing but one to die in at last. This cruel procedure had the advantage of diminishing the cases of leprosy more and more. Under the circumstances we have the right of searching for a hu-

mane method by which to attain for tuberculosis the same that was obtained for leprosy. The first thing to be thought of in this direction is, that in the coughing tuberculous person we have a constant source of infection. These sources can only be stopped by removing the tuberculous persons from their families into invalid houses or homes for consumptives.

From the riddance of the sputa there is not much to be expected. We know that the tubercle bacilli can be pulverized in the moist condition as in the dry, so that persons rooming with a consumptive are wholly unprotectedly exposed to the danger of infection. This danger does not threaten so much the adult as it does the children in the first weeks of their life. That which we have been in the habit of regarding as hereditary taint will be possible to be reduced in great part to the intimate living together of children with grown up adult tuberculous persons. The demand evident from this without any gainsaying, is that patients with open tuberculosis must be removed from the reach of children.

As to the much discussed question of primary intestinal tuberculosis there is this to say, that the tubercle bacilli can pass by the intestinal mucosa and yet infect the lymphatic glands of the abdominal cavity. We must hold fast that tuberculosis is most easily acquired in the first weeks of life, but it cannot be said how soon or how late it will manifest itself. In experiments on bovine it was ascertained that it may take three months, and more too, after infection with tuberculosis in the first weeks of life, before clear symptoms of tuberculosis might in some measure manifest themselves.



Delirium Tremens: Brucine takes larger doses than strychnine; and closer, as it is eliminated more quickly.

Delirium Tremens: The vascular relaxation, after an attack, or on quitting alcohol, calls for hydrastine gr. 1-6, as needed.

# Miscellaneous Articles

## NUCLEIN.

The connective or cellular tissue of the living animal body is a component part of every organ of that body. When injury, contagion or infection seriously threatens the integrity of these organs the connective tissue constituent thereof becomes the active agent in dispelling the irritant or repairing the damage—the work being done by the connective tissue corpuscles described by Kolliker and Virchow, their function being further elaborated by the experiments of Metschnikoff, Vaughan and Aulde, etc.

Two forms of cells have been pointed out by Kolliker and Virchow as entering into the formation and function of connective tissue structures—the stellate, branching corpuscles and the fusiform cells which elongate into fibrillæ. Many of these cells are found free in the areolar tissue of the body. Von Recklinghausen found these cells to be endowed with the power of automatic motion and of changing their shape. These cells are identical with the white blood corpuscle, and the researches of Stricker, Cohnheim and others, show that the walls of the capillaries are permeable to them, that these cells are the phagocytes and leucocytes of a recent advanced train of physiological thought.

To-day the leucocyte is said to be the most active factor in combating the invasion of the living body by its microbic and protozoic enemies. Their destruction in the battle yields one by-product—nuclein—that renders the blood and fluids in which it flows more aseptic and at the same time acts as a ferment feeder, to excite a further supply of little fighters, as long as the invading enemy holds any important camp or till the source is exhausted.

It is up-to-date treatment in curing bodily ills to stimulate leucocytosis, when necessary, by artificial means. This is accomplished by injecting hypodermically true nuclein—probably better from an animal source. Nuclein is also found in plant life. It is found in the germinal area of the egg. Nuclein solution as effective against germs as bichloride solution, may be obtained from the egg. It has been obtained from the blood by Germain Sée and used by him successfully in the treatment of pneumonia and pleurisy.

Althaus some years ago successfully treated a number of cases of spinal sclerosis with nuclein solution from the brain and spinal cord. Vaughan has repeatedly demonstrated the antibacterial action of nuclein from yeast cells.

Spontaneous or artificial leucocytosis cannot be procured in all living subjects at all times. It depends on the leucocytic power of the body operated on, whether by injection of nuclein into the subcutaneous cellular tissue—which is ideal—massage of the surface of the body thus exciting the subcutaneous connective tissue corpuscles to renewed reproduction, injecting an irritant under the skin, performing a major or minor surgical operation, the eating of a hearty meal by a healthy person, or loss of blood by accident.

"This young man is the one whom you recently saw operated on for gangrenous appendicitis, with perforation and acute peritonitis well under way. You remember that the pus poured out of the opening in the distended appendix as it was being withdrawn and a good deal welled out through the abdominal incision, yet the operation was done through an inch and a half incision. Not much time was spent in clearing out the pus and the wound was closed without drainage.

In cases like this sort, two or three extremely important new principles are brought into play. First we depend upon leucocytosis to do what the surgeon used to think he must do by the way he made the toilet of the peritoneum.

When a case of acute infective appendicitis is progressing it means that a warfare is in progress between the bacteria and the leucocytes.

The bacteria are winning. If we turn out most of the toxin-bearing fluid into the peritoneal cavity, remove the appendix and do it so quickly and with so little shock to the patient that his normal

cell resistance is conserved, we turn the tide of battle and allow the leucocytes to win. This was the secret of Tait's success without antiseptics; but the principle was not known in his day, and his results were obtained empirically."—Robt. T. Morris, in *A. M. Jour. Surg. and Gyn.*

As much can be as tersely said of the empiricism of diphtheria antitoxin and the rest of the bunch of the present day.

The efficacy of the several different serums in the treatment of the individual diseases to the cure of which they are applied depends on the leucocytic power of the body being treated.

We need only courage in a few leaders of the profession like Morris, to set the rest up to thinking logically and according to up-to-date science.

At the beginning of this century let us all be less commercial and more scientific. Commercially it never pays to lead in science. The true scientist reaps his reward in disinterested post-mortem praise, and perpetuated memory. Be consistently conservative, but do not try to block progress for pecuniary advantage. Rise above your human self.

JAS. BURKE, M. D.

Sherwood, Wis.

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Give Nuclein to a person who is in health and vigor, and little if any effect is noted. Give it to a person who is debilitated, or fatigued, and the effect is wonderful. Give iron, quinine or strychnine to a man who needs either of them, and you may be disappointed in the effect; add Nuclein, and the iron takes hold of the anemia, quinine be-



Delirium Tremens: The general tissue relaxation, "letting down," after an attack, calls for berberine gr. j a day for weeks or months.

Delirium Tremens: Digitalin for elderly men, weak hearts, dropsy, cerebral anemia, effusion or edema; full doses.

comes effective against the malaria, and strychnine begins to vitalize all the nervous system.—Ed.

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### TYPHOID FEVER.

I am much pleased with the reports in the CLINIC as to the treatment of this disease. I once thought as most regulars do that this fever must run its course, and if it did this under three to six weeks it was not typhoid. I am now far enough awake to know better. I treat this very much alkaloidally and expect my patients to be out in fourteen to twenty-one days.

I clean out the alimentary tract with calomel and saline, and keep it clean; sulphocarbolates as indicated, with Protonuclein or Nuclein; meet the temperature with aconitine or sponging; if the stools are well formed I do not use colonic flushing; if the stools are lumpy in part with much gas, I have the colon washed out once a day. My favorite diet when not giving calomel is buttermilk, raw eggs, ice-cream and fruit juices. I do not use much calomel after the first few days and find with the above diet there is little need of any mercurial. We cannot lay down any ironclad rules but must adjust our treatment to the individual case.

I presume there will never be seen the treatment that will save every case of typhoid, but I have not lost any cases while following closely the plan above outlined. I had about a dozen cases in one neighborhood and they were all out in from twelve days to three weeks. Another doctor had a case in the same community, which he said was the same fever that was going around the neighborhood, but it was not typhoid. After

the case had passed into the fifth week he admitted to the family that it was typhoid, and the case continued for six or seven weeks under the old treatment.

I shall strive to know more of alkalometry and if I should have typhoid myself I prefer alkaloidal treatment to all others.

R. S. GAGE, M. D.

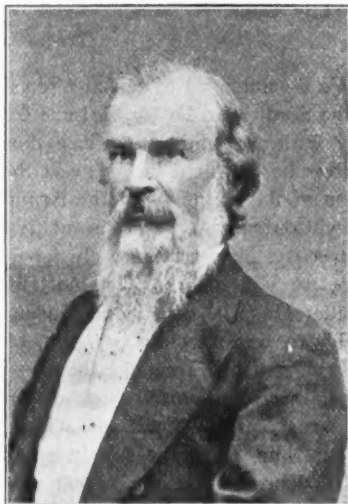
Carroll, O.

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### ONE WE ARE PROUD OF.

1. What has Alkalometry done for me?

It has lifted me into the light of scientific truth, out of the darkness of



A. G. LANE, M. D.

ignorant and barbaric use of galenical drugs.

2. What have I dug out of it?

Success.

3. What has it enabled me to accomplish?

The recovery of 97 per cent treated in the five years I have used the alkaloids.

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Delirium Tremens: Excitable conditions, after the worst excitement has been quelled, are amenable to macrotin; fullest doses.

Delirium Tremens: Anemic cases are often found to require the arsenates of iron and quinine, alone or together.

4. What better or worse am I by reason of it?

Cash in pocket. As a devotee of duty to humanity and a true lover of science, I must add I esteem your life and labors as a beneficence to the human family.

5. What is my experience, medical and surgical?

Read "what others say" on card enclosed with address, for your own information. I have used the alkaloids five years and language fails me to express my appreciation of them. I am very happy to be among the 30,000 physicians of the U. S., that use the alkaloids.

A. G. LANE, M. D.

White Oaks, N. M.

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We do not need to tell any physician of the South who Dr. A. G. Lane is. We only wish we could reproduce the fine address he delivered last May at the reunion of the Surgeons of the Army and Navy Confederate Veterans at Tulane University, New Orleans. Just one excerpt we will make: The mortality at Winder Hospital, Richmond, during the civil war, was only six per cent, of the 22,874 patients treated there. This hospital was organized and conducted for three years by Dr. Lane. This was in war time, when the supply of necessities depended on the precarious exploits of blockade runners. Can our modern institutions, with their equipments in which money has been lavished like water, with all the improvements of forty years, excel this record?—Ed.

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#### BUSINESS.

If physicians' societies were to do as ours has done for ten years, dead beats

would have a hard time of it; and physicians would collect a great many bills they now lose.

If they can pay and will not, we send them the following statement:

JENNINGS COUNTY

#### MEDICAL SOCIETY

BLACK LIST.

Dear Sir: On ——— you were given a statement of your account with me and notified that a prompt settlement was desired. You having failed to respond, this notice is sent, urging upon you the necessity of calling and settling at once.

In case you fail to do so by ——— your name will be placed on the *black list* and you cannot obtain medical attendance until you in some way satisfy the claim against you.

It is not the intention to oppress or injure anyone, but you well know the importance of prompt settlements in business.

This notice is sent you that you may have ample time to make your account satisfactory before you need a physician's services and have no excuse to attach blame to the profession for failure to obtain medical attendance for non-payment of bills.

—————, M. D.

By authority of Committee.

If they have not made satisfactory arrangements at our next meeting they are put on the black list, a printed one, with which each member is furnished. The name, residence, amount owed and the physician's name are given, and if the party will pay one of us we receipt him and attend the case, and pay the doctor who listed him. If they will not pay they cannot receive medical attendance from a member of our society, under a

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Delirium Tremens: In convalescence, combine zinc phosphide as a brain food to combat tissue degeneration.

Delirium Tremens: In convalescence, give zinc valerianate when a nerve steadier is needed; gr. 1-6 to j as needed.



penalty of \$5.00 for the first offense and expulsion for the second. We do not bid on the township practice. Neither will we consult with a physician residing in our county who is not a member of our society.

When we first began our list they called us a trust, union, and several names that would not look well in print. But they found we meant business, and now when they employ us they make arrangements to pay for our services.

If all societies did likewise, and when a black-listed party moved into another county the secretary were notified, we would soon be in no need of a collecting agency. And people would pay their physicians more promptly.

JAMES H. GREEN, M. D.

North Vernon, Ind.

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The plan seems simple and effectual. The writer once belonged to a similar society and when the reports were made it was found that one family was reported by seventeen physicians. They had not paid a physician a dollar for over twenty years, though fully able to do so.—Ed.

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#### CARE OF BOYS.

The child that stains his diaper yellow with uric acid and urates is the one that later wets the bed in infancy, masturbates in youth, practises excessive coitus in manhood, and has enlarged prostate, cystitis and nephritis in old age. He is not so much to blame as his parents, who transmitted the heredity to him and failed to correct his physical makeup when he came into the world. If such a boy could have a little more at-

tention to the groundwork of his body, it would take a little less moral instruction to keep him in the straight and narrow way. We are bad enough as babies but that is only the beginning, for we spoil the stomach and rapidly increase the trouble by bad food, ill-selected diet and vicious clothing.

Can we do anything for the boy? Yes, intelligent direction and a small amount of medication may be employed in such cases, to the entire satisfaction of the physician and everlasting gratitude of parents and child. It is a known fact that carnivorous animals always have a very acid urine, are vicious, passionate and wild and hard to tame. Herbivora have alkaline urine except in disease, while mammals living upon both are apt to have a slightly acid urine.

Proteids are the source of urates and are most abundant in cases of meat diet where oxidation is not complete. Inefficient liver action, inactivity of gastric secretion and fermentation, are elements that enter into hyperacidity of urine. If you give a highly seasoned diet with large quantities of meat, cakes, pastries and sweets, you lay the foundation of stomach disorder. If you allow chilling of skin, especially over abdomen, cold feet and hands, you will surely derange the vital organs, causing congestion of some and anemia of others. Malnutrition is the secret of much trouble in these cases. Bad assimilation is the rule. Many eat more than really needful for bodily growth, with the result that much of it is not digested, while the work of the stomach is increased beyond its highest working capacity. Much of this undigested mass acts as a foreign body, while fermentation claims a share, adding its irrita-

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Delirium Tremens: In convalescence for gastric catarrh give zinc sulphocarbolate to prevent fermentation and mucus formation.

Delirium Tremens: In convalescence, one of the best stomachal remedies is zinc oxide gr. 1-6 to j, as needed.

tion to the mucous walls, and when taken into the system it leads to auto-intoxication. This increases the work of the skin, kidneys and lungs, to get the noxious substance out of the blood. Irregular stools, inefficient bowel action, soon produces inflammation of a catarrhal kind, showing itself in either a constant diarrhea or persistent constipation, or alternating states of these. The muscular, secretory and nervous apparatus suffer, and general weakening of body comes on.

The urine being sour and irritating passes into the bladder and out through the urethra, causing nervous impulses to be formed which lead to erection, and desire for sexual congress arises in the mind of the person. If in wakeful state masturbation or coitus may be attempted, while if at night in sleep bed-wetting or seminal emission takes place. The irritation sometimes may be due to an adherent prepuce or stone in bladder, but the acid urine is the common cause.

To cure such cases begin with the baby. Render the urine bland with some mild alkaline diuretic, lime water, soda bicarbonate, potassium acetate, acetic or tartaric acid if nursing. Older children may need pepsin and hydrochloric acid, and vegetable bitters as columbo, salol and soda salicylate sometimes. A vegetable diet in youth will aid, also smaller meals slowly eaten. In manhood outdoor work, vegetable diet, no spices, plain food, phosphate soda, digestants, arsenic, saline cathartics.

In diarrhea Resor-Bisnol, mineral acids and salol are often all that is needed. In constipation, fruits and water, salines, cascara, aloin and strychnine. If you cannot remove the local acid irritation by any means known to

medicine, then lessen the passion by nerve sedatives; and above all try calcium sulphide in 2-grain doses three times a day. Baths daily, and woolen clothes, will lessen the evil to the skin and the rest of the body. In childhood most care should be taken, and in old age again when the vital powers are low.

I would not neglect the moral education of the child, youth or man, but would give him instruction in the proper theology and philosophy of life. I would teach him to make an effort to overcome his errors, think upon abstract subjects, as mathematics or philosophy, and urge him to believe that passion is the concupiscence of the flesh against which he must fight. That he must not dissipate his vital energy (God-given), but must husband it so he may live long in the land and see his children into the fourth generation cluster around him, and have each generation show an improvement over their antecedents.

As the stock raiser improves his herds year by year, he shows greater knowledge than we physicians, who fail to point out the future and use methods to improve the human race. The sacredness of the union of husband and wife should never be questioned. Divorces are the devil's invention to increase the carnal passions and undermine society. Free love, communal living and polygamy, are evils that outcrop from carnal man; and as I have shown, that carnal condition is often due to the man's physical condition.

Let us get at the root of the evil and we can serve our generation and the coming one to the best of our ability.

P. L. SCANLAN, M. D.

Lancaster, Wis.



Delirium Tremens: In convalescence, minute doses of arsenic in any form are most useful to the stomach; copper arsenite gr. 1-250.

Delirium Tremens: For preliminary "horrors," or "katzenjammer," capsicin, zinc valerianate, and hyoscine or lupulin.

With much of our friend's argument we agree, especially as to the diet of the child, and the effects of a meat diet. The moral education of the child should begin at the mother's pregnancy, and be supervised by the doctor throughout the period of growth.—ED.

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# CHOLERA MORBUS.

In reference to your article, Murder market, in May CLINIC, I send herewith a clipping from our North American, which seems to refute the statement of Dr. Janney. I have no doubt that you were acquainted with Dr. Morton, and you will note that he remarked that he had "treated too many cases like his own, not to know the end," etc. It might be well to correct your rather strong assertion, or rather your seeming endorsement of Dr. Janney's statement, that "healthy adults never die of cholera morbus."

W. G. STEELE, M. D.

Philadelphia, Pa.

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I think and always did think, that Janney's statement was an exaggeration; but it's one of those exaggerations that serve to direct attention to the large degree of truth it contains.—ED.

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# CLINICAL REPORTS.

I. A wife, 34, mother of three children, all died within first year, nervous temperament, small, weighs 98 lbs.; developed smothering spells, which she described as though something in her chest were being crushed. These attacks gradually merged into acute

anginal attacks, when, or sometimes before the attacks, blood will spout from her nose all over her clothes. If relief is not given immediately there will be tonic spasm of the neck, forearm flexed on arm, fingers cramped, hand shut tightly, limbs cramped, in fact the patient all over her body is in one severe tonic spasm, simulating a hysteric spasm, with blood and foam exuding from the mouth and nose, extreme cyanosis, and at times unconsciousness. The patient at one time used as high as 18 grains of morphine a day, but ceased of her own accord. Her feet are now dropsical, as well as the ankles, legs and labia. I have her on *avena sativa*, *crataegus*, *sambucus*, and *strychnine*. Can you suggest?

II. Pneumonia aborted. Young adult, 24, got wet, had chill, vomiting, intense pain in left side, could not get breath for intense pain, rusty colored sputa, temp. 104.

Treatment: *Hyoscyamine*, *atropine*, *veratrine*, *glonoin*, *strychnine arsenate*; *calomel soda* and *ippecac*; sponging. I saw the patient Thursday evening at 8 p. m., Friday morning and Saturday evening. Temp. normal, pulse normal, patient wanted to get up. Discharged—uneventful recovery. Abbott's granules did the work. Alkaloidal therapy is all O. K.

III. Girl, six years old, had an irritating discharge from her vagina; complained of itching up there, used a safety pin, lost it of course; administered chloroform and removed pin.

IV. Child, eleven days old, when born seemed all right, about the ninth day little blisters began to come upon the palms of the hands and feet, burst and blood oozed from them, bled from

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Delirium Tremens: *Arnica* gr. 1-6, every quarter-hour, is a powerful stimulant for the depressed nervous system.

Delirium Tremens: Incessant motor excitement calls for *cicutine* and *hyoscine hydrobromates*, pushed to full effect.

navel, gums, palms of hands and soles of feet until it died on the eleventh day. The mother had had two other children, but both died shortly after birth.

What was it? I believe there was a syphilitic taint, though there is no history of it that could be elicited.

V. A virgin, aged 33, menstruated at 15, and at every period the flow is so profuse that the patient becomes completely exhausted. She has finally become a confirmed invalid. She has just come into my hands. No one has ever been able to control the hemorrhage. She has always been of delicate health. What is the probable cause of the hemorrhage? I have made no physical examination yet. As a hemostatic I have her on fl. ext. hamamelis, hydrastis, ergot, atropine and adrenaline. As a tonic, Bland's comp. with laxative tablets, and other symptomatic treatment as necessary.

DR. A.

—, Mo.

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Your first case is one of epilepsy. The treatment is that so often described in these pages—deprivation of salt, replacing it with five to ten grains of bromide, verbenin eight granules a day, gr. 1-6 each, a careful examination of the whole body for sources of reflex irritation, and the question of syphilis settled. The death of her infants renders the last advisable.

The hemorrhagic child was almost certainly syphilitic.

I do not see how you can avoid making a thorough examination of that hemorrhagic case. That others have failed is good reason that you should not neglect any means calculated to win success. I have a wholesome respect

for the prowess of my competitors, and when I score on them it is not because I know so much more, but I take more pains to ascertain the exact state of the case. You can spare her feelings by giving an anesthetic, in presence of witnesses, and examine through the rectum. Neglect this and simply give her a prescription of hemostatics, mixed by shotgun rule, and one more failure is probable.

In your first case the dropsy looks as if it depended on the heart, and a similar examination—thorough—of the thorax is absolutely essential.—ED.

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#### BEAUTY ONLY SKIN DEEP.

"Doctor can you without danger and without pain, remove these growths from my face? I am going on a visit to my friends in Illinois and want to make a good appearance."

There were about eight of these "growths" on this lady's face, two being on the nose, the larger ones being about the size of a split pea and highly vascular.

Now, I had just received a bottle of Dermal Caustic and was "laying" for just such a case.

"Certainly, madam," I replied to her interrogation. A little vaseline applied around the base of each tumor, a touch with the point of the glass applicator dipped into the caustic, and the work was done. A second application was made to two of the tumors, only. Result, a beautiful, smooth skin, a delighted woman, and a well-paid doctor.

Several similar cases since then, with the same result. Enough caustic in the little 50-cent bottle to last for years. I

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Delirium Tremens: Camphor monobromate seems specially suitable as combining sedation and stimulation in non-antagonistic form.

Delirium Tremens: The first indication is elimination, and this seen to, there is no second, third, fourth or fifth.

never before got such returns from a 50-cent investment.

D. A. GOVE, M. D.

Orting, Wash.

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The above accords so fully with our experience in the years when we were using "Dermal Caustic" before bringing it to the attention of the profession, that we cannot refrain from a little joyful "clap" at this strong approval. Dr. Gove has said it all. The doctor who can't make \$50.00 out of a 50-cent bottle of Dermal Caustic isn't up to "snuff," and needs to revise his methods. —Ed.

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#### NEW REMEDIES.

I've had a fine chance to test two of the newer remedies in the same case—Echinacea and Triple Arsenates with Nuclein.

A case of puerperal sepsis came into my hands six weeks after confinement. The left aspect of the pelvic region was tender to the last degree, and both legs in that sodden, soggy condition now so rare, milk-legs, plural number and superlative degree.

Patient's face had that death look that used to mean a funeral, with heart-action such as would have defied the whisky stimulation of past ages.

In eight days the acute symptoms were all gone, with an abscess pointing over the left ovary and in the right heel. Free use of soda and calomel tablets, and glycerin suppositories in the vagina, must have full credit for the excellent result. Second day the Triple Arsenates with Nuclein were added, and later I

thought of Echinacea as an antidote for septic conditions.

Free opening of the two abscesses showed me how much harder these septic cases are to cure than the ordinary abscess. I ought to have begun the Echinacea sooner, but late as it was, its power over those soggy limbs was wonderful.

The Triple Arsenates with Nuclein lifted the woman's vitality about four hundred degrees, so that the knife-work and great flow of pus were without shock.

What a wide application this Triple Arsenates with Nuclein tablet has, when lowered vitality is standing in the way of an oncoming operation. We all know the doctor's dilemma in such cases. How important it is to hasten the work of building up the patient as against the ordeal of the operation.

Now, until something better is found, if it ever is, I nominate Triple Arsenates with Nuclein to fill the long existing vacancy.

Triple Arsenates with Nuclein is to me of great value in continued fevers as against the usual exhaustion. Take the case of my son, aged, eighteen, last September in an attack of typhoid fever. He had gone through a year of laborious school work, and his nerve centers were so affected that there was actually a stammering in his speech. He took for a vacation a position in an office with exacting duties.

In August he developed a typical typhoid fever, with nerve disturbance and exhaustion the most prominent features. At the outset the exhaustion was so marked that he had to be lifted in and out of the bath-tub like an infant. The tremulousness of his hands

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Delirium Tremens: The very best remedy for all symptoms is a grain of emetin, dry, repeated, if it is vomited.

Delirium Tremens: The best eliminant is emetin, free from cephaline, a full grain taken dry, while lying perfectly still.



was pitiful. This grave feature compelled attention, and I put him on Triple Arsenates with Nuclein as a nerve tonic. Nine pellets a day had such an effect that before the fourteen days of the attack were out he could unaided rise from the bed, walk across the room out into the hallway and into the bathroom; take a bath and return to bed none the worse for the exercise. I know this sounds marvelous, but as it is literally true it is safe to tell it.

Two or three causes conspired to induce a relapse; this time wholly of a malarial type, and of the every-other-day variety. This lasted twelve days, but the increase of strength, or rather of nerve force, was manifest each and every day, and before this last fever was subdued he was able to sit in an arm writing-chair and put up an average good letter with a perfectly steady hand.

He had come into this fine condition of nervous force, notwithstanding his muscular power had gone down steadily, as the high temperature had continued to burn out muscular tissue. To paraphrase, though the muscular man perish, the nervous man was renewed day by day.

Such unusual and grateful effects of a new remedy, if reported from Germany, would at once arrest the attention and command the respect of the abject leaders of medical thought in America, and be adopted by the entire brood of truckling Pharisees.

By the way, who of the CLINIC family first applied that term "Pharisee" to those conceited, thick-skulled doctors? Well, it is a hit, to the last degree. The cases are surely analogous, and I doubt if a more apt and fitting thing can be found in the entire range of medical

literature. Whoever first started it should henceforth rank in brilliancy with the Frenchman who first said "*La Grippe*."

As it was with the original Pharisees, there is going to be much humbling of pride—"eating crow," the unwashed call it. Even now the *Therapeutic Gazette* publishes an account of cases of typhoid cured in ten or twelve days, and "there's more to follow."

M. T. FULCHER, M. D.

Alton, Ill.

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We are not losing any sleep over the failure of anyone to recognize the merits of Alkalometry. We are just sitting tight, standing pat, and very contentedly waiting till they catch up with us perched on the band wagon. Never do we enter a household but the superiority of our methods appeals to the intelligent families, and our position is assured. We are sorry to say it, but the slowness of some of the medical profession to grasp new ideas is so well known that it is expected as a matter of course by the educated public, and needs no demonstration.—ED.

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#### "ONE MAN'S FOOD MAY POISON ANOTHER."

There is a man living within ten miles of me, with whom I have been acquainted all my life, who demonstrates this "saying" as completely as anything I ever heard of. He cannot bear in any way the great eatable staple, eggs. To touch them in any form, or use a plate or knife that has been in contact with them, makes him violently sick.

During the civil war some of his

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Delirium Tremens: The best of all hypnotics is a full grain of emetin so taken as not to be vomited, or else repeated.

Delirium Tremens: The best thing to rid the body of toxins is a grain of emetin taken so as to stay down all night.

comrades. who had heard of his peculiarity, concluded to prove to him that it was only imagination. They did not believe that eggs could possibly hurt anyone, except by not being able to get them. So one day they made a lot of egg custard, and when mealtime came told this comrade that on his account they had left out the eggs, generally used in preparing this dish. He ate very heartily of it, and in a few minutes became very sick and came near dying.

He cannot bear to touch an eggshell. If he by any chance comes in contact with them in the nest, which has happened at night in feeding stock after night came on, the result is always the same. He has a daughter I understand with this same idiosyncrasy. Is this very common, or a very rare thing? I would like to hear from the CLINIC family on the subject.

S. W. BRASFIELD, M. D.

Rural Route 11, Tenn.

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It is very difficult to separate the subjective influence from real morbidity in such cases. In the daughter's case it is almost sure that the former is the only difficulty. But we once had a patient who said he could not eat meat. We insisted on his eating it, and he soon showed jaundice. The lack of an autopsy prevented the explanation of this curious case.—ED.

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### **RHUS TOX.**

Some time ago I noticed an inquiry in one of the CLINICS for the other uses of Rhus Tox., besides its common use as an antirheumatic.

It has been on my mind ever since to

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Delirium Tremens: Capsicum, brucine and cocaine, small doses at half-hour intervals will abort most attacks.

answer that inquiry, and now having time, I will write you what I know of the uses of Rhus Toxicodendron.

RHUS TOXICODENDRON.

Synonym—Rhus Humile.

Natural order—Anacardiaceæ.

Common names—Poison Oak, Poison Ivy.

Habitat—A shrub growing in fields, woods and along fences, all over North America.

Acts prominently upon the organs of animal life, upon the mucous membranes, the lymphatic glands, the skin, the muscular tissue, and the tissues which compose the joints.

The primary condition produced is one of irritation, and this may proceed to inflammation; or if it stops short of that, produces serous discharges in the form of evacuations or œdema.

This condition of irritation affects most prominently the skin.

Even contact of the leaves of the plant, or proximity to them, especially when the skin is moist with perspiration, produces an eruption, varying in intensity, from the slightest erythema to the gravest form of vesicular erysipelas.

The action upon the mucous membranes resembles that which it has upon the external skin, simulating eczematous and vesicular eruptions. It acts most powerfully upon the conjunctiva, though affecting other mucous surfaces to a greater or less degree.

In the serofibrous tissues the characteristic primary irritation develops a rheumatoid inflammation of the joints and muscles, affecting particularly the fascia, tendons, sheaths of nerves, ligaments and fibrous tissues.

The lymphatic glands throughout the body become enlarged and inflamed.

Delirium Tremens: The best foods are hot clam juice, soured pigsfeet, and the fresh juice of acid fruits, or lemonade.

The cellular tissues become infiltrated with a serous exudation and the functions of nutrition are depressed and impaired.

On the organs of animal life rhus acts secondarily, producing dullness of the senses, and a condition of the cerebral system closely resembling that present in low types of fever.

The chief characteristic of rhus is the prominent aggravation of its symptoms during repose and amelioration by motion.

Do not forget this characteristic, and you won't fail to get benefit from the use of rhus in the conditions for which it is indicated. Rhus is especially useful in rheumatism and rheumatoid affections in general, with the characteristic modality of the drug—worse on beginning to move, better from continued motion; rheumatism worse during cold wet weather and from northwesterly winds, from getting wet especially when overhead, from working in the water, from living in damp houses, from checked perspiration.

It is not ordinarily useful in acute inflammatory muscular rheumatism, with high fever, etc., but rather in chronic forms, or in acute attacks occurring in rheumatic subjects, from causes above named, but without much fever. It is a valuable remedy for sprains; or for soreness of muscles and tendons from over-lifting or otherwise overstretching them.

For rheumatic paralysis and rheumatoid neuritis, with great stiffness, numbness of the parts involved, with the characteristic modalities and when brought on by causes above named.

Rhus often becomes a valuable remedy in cellulitis after the pus has formed, especially when the parts look dark-red,

erysipelatous, and there are other rhus symptoms. It may also be useful for boils, carbuncles and abscesses under like conditions.

An extremely valuable remedy in skin diseases, the vesicular character of the eruption always predominating, with much burning and itching; acne, rosacea, urticaria, erythema, with tendency to vesicular formations and œdema; eczema with vesicular and pustular eruptions, vesicular predominating, with burning and itching, surface raw and excoriated, thick crusts, oozing and offensive. The chief remedy in vesicular erysipelas, especially of the face, scalp or genitals; phlegmonous erysipelas; suppuration of inflamed glands.

Valuable in adynamic forms of scarlet fever, with characteristic restlessness, typhoid tendency, eruption irregular and dark red, sometimes vesicular swelling of cellular tissues and œdema, enlargement and threatening suppuration of the parotid or cervical glands.

Purpura hemorrhagica. Variola, pustules turn black, diarrhea, dark bloody stools, restlessness, typhoid symptoms. Oedema is a prominent feature in the action of rhus.

An invaluable remedy in typhoid fever, and in low typhoid states in general, occurring in the course of other diseases, such as diphtheria, peritonitis, typhlitis, enteritis, pneumonia, dysentery and puerperal diseases. Mild delirium, stupefaction, restlessness; red, dry and cracked tongue; sordes, epistaxis; diarrhea, yellowish brown offensive stools.

Useful in many affections of the eyes, especially when characterized by œdematous swelling of the lids and surrounding parts, and when aggravated by cold air or in wet weather. Orbital



Delirium Tremens: A cup of hot coffee will often quiet the excitement and even induce sound restful sleep.

Delirium Tremens: The hot bath is better than the cold, as it is a powerful method of elimination and induces sleep.

cellulitis, purulent ophthalmia, worse at night, intense photophobia, conjunctivitis; iritis, especially rheumatic. Glaucoma, paralysis of upper lids from exposure to cold, especially cold, damp winds. Inflammation of middle ear or external. Otalgia with pulsation of ear at night. Parotitis, especially after supuration; glands hard and swollen.

Nasal catarrh in rheumatic subjects, worse from cold, wet weather.

Facial neuralgia, from cold or wet, numbness or stiffness, cramp-like pains. Sometimes indicated in sore throat. Diarrhea or dysentery from getting wet, stools of dark brown or bloody mucus, tearing pain down thighs, during stool. Rheumatic cystitis. Membranous dysmenorrhea, worse in wet weather and from getting wet. Abortion impending from overexertion or any unusual strain.

Lochia vitiated and offensive, lasting too long or often returning.

Hypertrophy of heart from overexertion of athletes, also from rheumatism. Rheumatism of heart. Lumbago, with characteristic modalities. Sciatica. Locomotor ataxia.

The modalities of rhus which will most frequently give you the successful key to its application are: Aggravation; while at rest; after midnight; before storms; on rising from a bed or seat; on beginning to move; from getting wet in wet weather; from northwesterly winds; cold air or taking cold; after drinking cold water. Amelioration; from continuous motion; from moving affected parts; in warm, dry weather.

Dose, 10 drops of the tincture in glass two-thirds full of water, a teaspoonful every hour to three times a day, according to urgency of case, and gradually lengthening time as improvement sets in.

Delirium Tremens: No real doctor gives morphine, bromides or chloral, even if he is not an alkaloidist; or if he is, certainly not.

We know that atropine has a dual action in large and small doses, and why not many others?

There are many drugs in use now, that are comparatively new to the profession, that were used and proven from 50 to 75 years ago by the Homeopaths. As regards their employment of attenuations I have nothing to say. Every man must think that subject out for himself. But the leading indications for these remedies, which in the ordinary Homeopathic Materia Medica would probably only cause confusion to one not taught in his college course to make the differentiations, are so clearly brought out in Nash's "Leaders in Homeopathic Therapeutics," that I should recommend it as a valuable acquisition to any physician's library.

C. L. THUDICHUM, M. D.

Wayne, Pa.

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#### RHUS, SKOOKUM CHUCK.

The June CLINIC came promptly to hand, and it is remarkable how many things each issue brings to me on which I want to have something to say. Now there is Dr. Phelps' article on Skookum Chuck for rhus poisoning, and Dr. Pollard's on the same subject, both of which are of especial interest to me, as I think I know of the best remedy so far as known for rhus poisoning.

A few years ago I did not dare go within a hundred yards of a patch of rhus, if the wind was blowing from it in my direction and I was the least bit warm, for just so surely as I did, just so surely was I covered from head to foot with vesicles characteristic of its effect on the skin; and many days as a boy have I spent in bed, swathed in rags

Delirium Tremens: No real physician nowadays gives any alcoholic beverage to these cases if he can help it.

wet with lead water and laudanum, as a result of carelessness in not looking out for and keeping away from the neighborhood of the poison ivy.

I have a little daughter who has right along been similarly affected, and whose existence has been made miserable on account of this plant, which is found in great abundance in this state, as it has prevented her from gathering wild-flowers, which has always been her greatest pleasure in the season, from fear that she might get near the poison vine. The plant seems to be especially virulent in its effect on those that it afflicts in spring, just as the buds come, at least so I have found it, and promptly at the time of the appearance of the first buds this season, my little daughter was poisoned.

Now for the cure: I always administer internally if the eruption is well developed, tr. rhus, three drops to a glass of water two-thirds full; a teaspoonful of the mixture three times a day; using Calendulated Boric Acid as a dusting powder locally. This has proved very satisfactory, curing the average case in four to ten days.

This season however I have found that lemon juice will kill it in 24 to 36 hours every time, and this is the way that the cure was discovered in my family: My little one has a fair assortment of freckles, and one of her friends told her if she would rub the lemon juice on her face at night regularly the freckles would soon disappear. She started in with the application while her face was covered with poison, and was surprised and delighted to find that in the morning every bit of the poison on her face was killed. So the next night she tried rub-

bing the lemon on the other parts affected, with similar result. Since then I have recommended this treatment to a number of other victims with the same satisfactory result, and so far I have found it the most rapid cure that has ever come under my notice.

I knew an Indian some years ago, who told me that applying the juice from the chelidonium to a spot affected with rhus poisoning would cure the affected part, and that the same spot would never again be similarly affected. I have tried the tincture, but have not found it effective. Let some of your readers try the juice of the plant and report. The lemon juice cure, while an original discovery in my family, is still not new, as there is a preparation called Cream of Lemons sold at homeopathic pharmacies, which is recommended for the same purpose.

Now let me tell you the story of the remedy with the name.

Dr. W. D. Gentry gave it as follows in the *U. S. Medical Recorder* or rather *Investigator*, in 1889:

The water is of a deep amber color almost red in the sunlight. The following is an analysis of the salts, obtained by evaporation of the water; the proportion being in grains per U. S. gallon, 231 cubic inches.

|                          |        |
|--------------------------|--------|
| Sodic chloride.....      | 16.370 |
| Potassic chloride.....   | 9.241  |
| Sodic carbonate.....     | 63.543 |
| Magnesian carbonate..... | .233   |
| Ferrous carbonate.....   | .526   |
| Calcic carbonate.....    | .186   |
| Aluminic Oxide.....      | .175   |
| Sodic silicate.....      | 10.638 |
| Organic matter.....      | .551   |

101.463

Delirium Tremens: A hypodermic of apomorphine has done good in wild excitement with strong pulse, but it is risky.

Delirium Tremens: Veratrine fills the needs in very many cases, in the hands of a man who knows how to use it.



Lithic carbonate...

Potassic sulphate...

Sodic biborate.... Each a trace

The lake has no outlet, but is fed by two enormous springs. It contains no living things with the exception of axolotl, a kind of salamander, such as are found in the lakes of the Mexican Cordilleras.

The medical and curative properties of this remarkable lake were known to the Indians of the Northwest as far back as they have any legends or tribal history, and was held in such reverence by them that the country around this lake was called "Sahala Lyee Illihe" or "Sacred Grounds;" and no matter how hostile the tribes were to each other, no Indians journeying to or from the "Skookum Limechen Chuck," or "Strong Medicine Water" were ever molested.

When the Indians were considering the transfer of their lands to the government, many years ago, it is recorded as a matter of history, that old Quetahlguin, father of the present Chief Moses, and "Old Joseph," father of Chief Joseph, lately a prisoner of war, with the broken remnants of his band, after weeks of deliberation and consideration, with the "Sahala Lyee," or Great Spirit, through their medicine men, or prophets, firmly said: We have talked with the Great Spirit and we have slept with his words in our ears. The Great Spirit is our father and the earth is our mother. We have a good home and it was made for us by the Great Spirit; it is a part of us; it is our mother. In Wallowa Lake are an abundance of fish created especially for our tribe. None other of his red children have such fish. In the

Skookum Chuck we have a remedy for all our ailments. We only have to bathe in and drink the water and we are made well. If we sign a treaty we will forever offend the Great Spirit; we will sign away our mother and she will cry. Her tears will dry up these lakes and we will be hungry and sick. We will go to the Skookum Chuck only to find that its waters have disappeared."

The story is told of a Frenchman passing the lake many years ago, before the properties of the water became known to the whites, with a drove of sheep afflicted with a skin disease called "scab." As soon as the sheep saw the water they ran to it, but would not drink. They stood in the water for some time, and in a few days they were well of the "scab."

The Frenchman was suffering with rheumatism. He concluded to try the water of the lake for his disease. He was speedily cured. The whites were soon attracted to this lake by the stories of the marvelous cures reported by the Indians, and by seeing Indians return in health and vigor from the lake, who had been taken there on litters, appearing at the point of death. It is estimated that over 20,000 people have visited this lake since "Joseph's Band" were driven from that section of the country, and it is fast becoming as popular as any of our great health resorts.

This is the history of Skookum Chuck. It has been successfully used for eczema, urticaria and other skin diseases in a great many cases. Quite a number of cases are reported in "New, Old and Forgotten Remedies," by E. P. Anschutz. This book can be gotten from any homeopathic publishing house, and



Dementia: Noisy patients may be quieted by the administration of hyoscine and cicutine hydrobromates in full doses.

Dementia: The cerebral anemia present causes restlessness and is relieved by atropine which then produces sleep.

I can recommend it. There are a good many good points in it and it is interesting reading.

C. L. THUDICHUM, M. D.

Wayne, Pa.

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The greater number of those who reported in our symposium on rhus poisoning pronounced sweet spirits of winter the best application. The lake from which skookum chuck is obtained is known as Medical Lake, in the western part of Washington, Spokane county.—Ed.

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#### SEAT WORMS.

Take calcium sulphide gr. ss every hour for two days; follow with sodium hyposulphite in cathartic doses, a teaspoonful every morning for a week.

T. SHAW, M. D.

Ypsilanti, Mich.

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#### SMALLPOX.

In THE ALKALOIDAL CLINIC for May I notice an editorial entitled "Smallpox or ?". I have had considerable experience with this affection, as I believe it first made its appearance here late in the fall of 1897 and continued into 1898. This section was probably the first to have an outbreak of this mild type of smallpox in this country.

The attack first made its appearance at Bedford, Pa., 20 miles from here, and soon made its appearance here. The local physicians here were somewhat at sea on the diagnosis for some time, some calling it Cuban itch and various other names. About this time Dr. Atkinson of the State Board of Health arrived on

the scene, and settled the diagnosis satisfactorily to all concerned, by pronouncing it to be a mild type of smallpox, commonly called varioloid.

In studying these cases at that time I was thoroughly convinced of its nature, the symptoms of which have been so well defined in the CLINIC for May. I am of the same opinion in regard to the itch mite as causing this train of symptoms among lumbermen, etc. I believe the type of smallpox mentioned in parts of the west is the same type we had here five years ago.

F. S. CAMPBELL, M. D.

Hopewell, Pa.

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#### SMALLPOX.

Is it a new disease? A disease declared to be smallpox by some is epidemic in many localities in Wisconsin. It begins like an eruptive fever with symptoms of chilliness, headache and pains over body. The pulse is not rapid, the fever not high, seldom beyond 103°, the sore throat and loss of appetite not marked. About the fifth day a vesicle develops upon an erythematous base (not a papule). It first comes upon the crown of the head, among the hair, neck, face, body, arms, legs successively. The vesicles are half as large as regular smallpox, not well umbilicated, yet giving a hint of it, dries in center and no discharge from vesicle. Vesicle looks leathery like smallpox but is not, so far as I have been able to discover, multilocular. It keeps coming out for two weeks or more in new crops, the palms of hands and soles of feet being last to develop vesicles and these vesicles resemble pompholyx. The eruption is

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Dementia: In many cases where there is a gouty or plethoric state, or faulty elimination, colchicine does good.

Dementia: In D. paralytica physostigmine seems to retard the progress of the malady; but should be dosed with care.

very itchy and lasts in some cases six weeks, in others three weeks, and dries into scabs not unlike chickenpox. The number of spots is easily counted, always discrete. I counted twelve on a man's back and as many on his face. The palms of hands show the greatest number. There is some pitting after recovery. It is contagious. It is no more severe in unvaccinated than vaccinated, there being fewer and smaller spots on children. It occurs in children who have had the chickenpox. It has a period of incubation of less than 18 days at least in some cases. Its distribution shows it to be a constitutional infection. Patients are seldom very sick with it, never heard of a death from it. Some children had a quinsy, sore throat, severe swelling of glands of neck, and yet no abscess formed but yielded to treatment.

This is not smallpox. It certainly is not chickenpox. It is not impetigo contagiosa. It resembles smallpox in the initial and perhaps incubation, chickenpox in the mildness of disease, in discrete distribution, successive crops. Its vesicle is not soft, silky, transparent like chickenpox, but leathery, firm, translucent like smallpox or pompholyx.

I have found the disease and vaccination both acting at the same time. The vaccination works as usual, the disease as usual. It is said vaccination modifies even pertussis, but don't think it did those cases of supposed smallpox. Vaccination as far as I know has not been tried after this disease. It is hard to get a patient to submit after having smallpox (?). It does not at all resemble pictures of smallpox given in your book for October, 1901, by Billings, while the real thing is just exactly like these pictures. I have seen both within

18 months. I have been able to prevent the spread of smallpox by vaccination, this other seems to spread right along; perhaps it is because so many call it chickenpox, Cuban itch, whatever that is, etc.

It is easier for health officers to prevent its spread by calling it smallpox. It is not prairie itch. It resembles a herpetic eruption, so some have called it erythema, giant urticaria, and a host of other names; but no book describes it, no proper place is assigned in our nosology for it. It looks like a hybrid between smallpox, chickenpox, or German measles.

I don't want it. God forbid anyone should have it.

P. L. SCANLAN, M. D.

Lancaster, Wis.

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#### SMALLPOX.

Your article "Smallpox or What?" in the CLINIC for May, 1903, prompted me to relate my experience with this disease.

About a year ago a lady, one week after confinement, complained of headache, backache, some nausea and insomnia accompanied by a temperature reaching 103 degrees and continuing about three days, which under the circumstances alarmed me not a little.

About the third day however an eruption appeared which most certainly indicated chickenpox or smallpox.

It was not like chickenpox, in that the patient was an adult, the stage of invasion was longer, the symptoms were much more severe and the eruption was not vesicular from the beginning, or within a few hours of the beginning, and that there were more evidences of pustulation.



Diarrhea: Is there any form that is not helped by washing out the bowel with hot, mild antiseptic solutions?

Diarrhea: Be careful about stopping colliquative discharge, lest you have a more dangerous one from the lungs.

It was not like smallpox, in that the symptoms were milder than one would expect of that disease, and that the different phases of the eruption, papule, vesicle and pustule, might be seen quite closely grouped, pustulation was not so well marked, and there was very little pitting or secondary fever.

Besides the mother two children contracted the disease, in whom it ran the same course.

There were no complications, but an uneventful recovery in all cases. As these were my first cases of the kind I did not feel competent to say positively what they were, but as it was best to be on the safe side I gave my opinion that it was modified smallpox, and took the proper precautions.

Since that time I have read everything I could get on the subject and have seen a number of cases, and now I feel certain my first cases were named correctly.

We are just winding up an epidemic (about 30 cases) in a neighboring town (Lindenwood) and surrounding country, and I have had an opportunity to study it in many forms, from quite severe typical to mild atypical, and in all ages from a few months to over 80 years, and feel a little more familiar with it. I will cite a severe case and you may judge for yourself:

Man, 33 years of age, strong and healthy, 10 days after exposure to what was called chickenpox had a chill followed by temp. of 104 degrees, accompanied by severe head and backache, nausea, vomiting and insomnia, lasting about three days.

At the end of this time a papular eruption appeared on the face and wrists and the patient felt much better.

The eruption continued papular two

or three days, spreading to all parts of the body and having the characteristic "shotty feel."

The papules were then converted into vesicles, which were in a great many instances umbilicated; these in turn became pustular in the course of two or three days, giving off the characteristic odor, and the temperature ran up to 101 or 102 degrees.

In some cases the eruption was profuse on the hands and face, and in places confluent, causing much tumefaction and pruritus, but leaving little pitting. The crusts remained in some instances five or six weeks.

The eruption also appeared in the throat, affecting the voice and making it difficult to swallow, in the mouth, nose, eyelids, palms of hands and soles of feet, pushing up the thickened skin in the latter instances and causing much distress, necessitating incision of the skin for relief in some cases.

The irregularities in the course of the disease in this epidemic appeared not so much in the invasion as in the eruption, which in some cases was not at all characteristic, at times not more than a dozen spots being in evidence, and they not running a typical course.

Vaccination protects against this disease, and in my experience those who have had the disease cannot be vaccinated.

It is a notable fact that the majority of the cases were in adults.

GEO. S. HENDERSON, M. D.

Holcomb, Ill.

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### SMALLPOX.

I notice your commentary in May number on "Cuban Itch," "Prairie Itch,"

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Diarrhea: One that opium seems to aggravate is apt to prove intestinal tuberculosis; use calcium sulphocarbonate.

Diarrhea: That coming with or preceding rickets is intractable to ordinary remedies but gives way to digestants and hygiene.

"Swamp Itch," etc. I had hoped that the doctors of this country had given up such lay names for this disease. It has been in the country under many names since '97, each season bringing a new crop and usually a new name. It wasn't brought by the soldiers from Cuba as so often stated, for it was epidemic at Birmingham, Ala., during the summer and autumn of 1897, and was stamped out there by the Marine Hospital men late in '97. This country was infected from there, and it has been the same disease ever since, some very mild and some severe cases, but always showing a profound respect for a successful vaccination, though not one case in twenty causes pits or scars. We only have one disease to my knowledge that vaccination will prevent, and if the history of variola was entirely absent, that is almost sufficient evidence on which to base a diagnosis of variola. Still if the puzzled doctor will make a careful conscientious examination of ten consecutive cases, he will find one or more of true "text-book" cases of smallpox.

I have never seen a case without the smell, unless it was a very discrete case. A great many cases here have had no secondary or septic fever, being practically well when the eruption appears, but still in the same house with these we find typical cases of confluent smallpox. In our five years' experience in this country it has never been known to disregard a good vaccination, and of one thing I am sure, *e. g.*, it was here long before our soldiers went to Cuba.

H. C. CHANSE, M. D.

Cumberland Gap, Tenn.

—:o:—

Yes, Doctor, it would be a good plan if they could quit using such words—



Diabetes Mellitus: Arsenic bromide also is useful for cases showing malassimilation, as well as glycosuria.

Cuban Itch, Prairie Itch, Swamp Itch, and all the other itches, get men tangled pretty badly, and nine cases out of ten serve only as masks for smallpox or some other infectious exanthem. If you will see the *May Surgical Clinic* you will find that this disease was described years and years before you and I probably were even studying medicine. There's nothing new about it. The only new thing is the name, and we are desirous of getting the disease classified and duly tagged with the proper appellation, so that in future when a person asks for a remedy for prairie itch we will know just what disease he has to deal with, and what should be done for it. Any instructions that you can give us along this line or any information from your experience with the malady will be appreciated.—Ed.



#### TRUE TACT DEFINED.

By rights there should be six special senses instead of the five. If any were to be added we would add "Tact."

The fact is, however, that tact is a part of each, and something else besides. Like the ether of space it is impalpable and defies analysis. The following crude definition will serve as a text to the few following pointers: "Tact is that happy faculty which enables the possessor thereof to make himself forcibly and favorably felt, under all circumstances, by doing and saying the right thing at the right time. But it is much more."

As an illustration the question might be asked: "Why is it that some of our medical journals in spite of the fact that many of them contain talented contributions to the medical sciences, are not

Diabetes Mellitus: Morphine and codeine only lessen the sugar when taken by the stomach; they surely form the habit.



near so popular and eagerly read as some others, which do not boast of being 'eminently scientific?'"

The answer is readily found in the Editorial Chat of the CLINIC, April No., page 320: "Our mission is to help the doctor. As you are helped be glad and willing to reciprocate. Let us have your pointers." The editor in these few sentences has shown true tact. He has not only said the right thing, but his benevolent mental attitude towards his readers has instantly secured him their good will. His attitude was magnetic in its effects.

It is then not only saying or doing the right thing at the right time that makes this faculty priceless to the possessor, but by infusing it with another force equally subtle, so as to render it instantaneous, boundless and marvelous in its effects. This force is love, benevolence, disinterestedness. Love gives tact a glow. Tact without it would be cold. It would be minus its magnetism. The world has produced scores of men who shine through endless ages, because they possessed and exercised this faculty.

The greatest type is found in Christ, who above all others possessed it. His mission was to help. The absolute purity of His motives made Him divine. His magnetic power was in exact proportion to the practical application of tact and love.

With tact tinted with the gentle glow of love and benevolence the doctor is a physician in its fullest sense. Failure would be unknown. Possibly no profession needs it more. No profession can use it to better advantage. If every physician possessed it, the results would be simply marvelous. Success every-

where. Patient and practitioner more united. Confidence greater. Cash more abundant.

What can be done to teach this great art? Can it be done, or is it an innate gift which the few only have inherited? This question naturally commends itself to the consideration of all thinking men. The writer takes the negative side of the question and maintains that while unequally distributed as an innate quality, all men possess it in some degree, that it can be cultivated, that the eye can be made brighter, the ear keener, the taste and smell more acute, and the touch more magnetic; that the process is psychologic and that the time will come when mind in its relation to mind, and the laws which govern it (as yet a *terra incognita*), will be better known. Perhaps the twentieth century will solve this problem.

ALBERT BJORNSON, M. D.

Vernal, Utah.

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#### VIRGINIA.

I like the CLINIC. Somehow it impresses one that it is not necessary to take off your hat, be on your Ps and Qs—in fact hold yourself in restraint—in the staid and orthodox atmosphere that pervades the general line of medical journals. The CLINIC has very little of the textbook style, and what appears to me the most pleasant feature, its editor and contributors seem open to conviction, so long as conviction is attendant upon true medical progress.

When a very young man first becoming interested in medical subjects, I was particularly impressed with an opinion delivered by one of Charles Reade's characters in one of his interesting



Diarrhea: Morning discharges, bloody and windy, over before noon are due to ulceration just inside the anus.

Diarrhea: Lienteric form, food passes undigested as soon as eaten, is helped by very small doses of arsenic.

novels. This character was named Dr. Samson, who formulated the proposition that to successfully combat disease was not to attack the disease *a priori*, but to endeavor to so aid nature as to increase the length of interval between recurrent symptoms; that the longer the interval the less frequency, and nature would reassert itself. This was no doubt considered rank heresy in those days. But is it true to-day?

I know of no better way to follow Dr. Samson's advice than to employ the alkaloidal method of treatment. The preponderance of diseases are caused by obstruction, and don't for the sake of common sense ask nature already trying to remove accumulations to grapple with a huge infusion, capsule, bolus, or what not. Just send a little quiet hint by way of granule, which will roll up its sleeves and help nature roll away the stone. Of course keep your eye on Saline Laxative (Abbott's), for it is as necessary as water at times.

Speaking of this Saline Laxative: It is a peculiar fact that I prescribed it a long time before I fell in with alkaloidal literature. It has bridged many difficulties for me, and kept me from saying "salts," to a patient with fastidious palate.

In the words of Rip Van Winkle: "May you live long and prosper."

I would respectfully add that a physician should be known by his work. Should you therefore desire to quote from this letter kindly omit name. While this is hardly probable (your use of this letter), as the field in the CLINIC is now so well covered by those who have such a happy way of saying things, I still want to say something in due commen-

dation of the alkaloidal system, whose most agreeable acquaintance I am just now making.

E. B., M. D.

—, Va.

—:o:—

To Charles Reade's Dr. Samson and to Samuel Thomson, is due the overthrow of the old system of therapeutics, based on calomel, bleeding, antimony, and starvation. A good thing it was destroyed, for it had been carried to the extreme that necessitated reaction. Nevertheless, the basis of that system was right, and there has not been anything as effective since, until the same indications were recognized and met by the use of the defervescent alkaloids.—Ed.

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#### WHOOPIING-COUGH.

Your frequent reference to iodized calcium in the CLINIC, calls to mind the fact that I have used this medicine as a remedy for croup more or less since it was first introduced by J. R. Nichols & Co., of Boston, in the sixties, and almost always with success; therefore I was ready for all the good things you have said and printed in its favor. But one somewhat late experience with the remedy has rather amplified the field of usefulness for the drug in my estimation.

About a year ago I was called to visit a child nine or ten months old, whom I found suffering with a severe attack of croup, complicating an exhausting and harassing siege of whooping-cough, attended with frequent severe paroxysms. The croupous attack appeared likely to put the finishing touch to the case, and without great delay. I had with me a part of a bottle of iodized calcium, of A. A. Co.'s make, of which I made an

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Diarrhea: In lenteric cases, see to the renal elimination before attempting to stop the discharge—it may be salutary.

Diarrhea: Very often this is an effort of nature to get rid of morbid matters and should be aided by laxatives.

extemporaneous mixture with water and a little sugar, adding a minute quantity of atropine, and gave a teaspoonful, repeating the dose in ten minutes. After the second dose the child became quiet and seemed inclined to sleep. I left directions to repeat the dosage every ten, fifteen or thirty minutes as demanded by the symptoms, and asked to be informed on the day following about the case.

Not hearing from it after several days, I called to learn the result of the medication, being in a state of uncertainty lest some other "medic" had been called. I found the child apparently well and the mother happy, saying that the medicine had worked magically—that the child's cough and croup had both been controlled by an occasional dose of the medicine; and what was most wonderful, not only the croup but the whooping-cough had been completely and permanently relieved.

This was of course a gratifying experience, and has led me to use the remedy in two or three similar cases with like happy results, but neither of the subsequent cases was in such a condition of extreme and apparently hopeless exhaustion. Thus you see that I have faith in the good results of the medicine, when properly used in the fight against that most trying disease of early child life, whooping-cough.

On reading the communication of Dr. Case in the May ALKALOIDAL just at hand, I am reminded of this experience; and just noted it thus imperfectly, and send to you in this coarse form, fearing that you may not get it if I do not—and if the idea is of any value, I am amply repaid for the little labor.

VIRGIL McDAVITT, M. D.

Quincy, Ill.

What is there in this preparation that we cannot get from iodine? At first we thought we could get the same effect from tincture of iodine in water, but after trying both we find this is a mistake.

We are not surprised at Dr. McDavitt's experience. We trust others will experiment along the same line, and let us know the results.—Ed.

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### UNCLE SAM'S DAUGHTERS.

BY FRANK L. ROSE, M. D.

Columbia said to Uncle Sam;  
"Let's give the children an exam."  
Said he: "A wise suggestion."  
And so she dressed them up with care,  
Though, "What shall little Della wear?"  
Was quite a serious question!

A surgeon who had won renown  
By lancing Michigan, came down  
To look the children over;  
Examined them and said he found,  
Georgia all right, Long Island sound,  
And Tennie C. "in clover!"

Virginia had been growing fine,  
Until she came to Dixon's line,  
And that had seemed to stop her.  
"But she can row!" Columbia spoke,  
"O yes I've seen her row an oak!"  
Declared her doting papa.

Louisa Anna puzzled him,  
But Miss Columbia cried with vim,  
"Doctor I can save Anna!  
"We'll bayou well but for all that  
"She's going to wear that medicine hat  
"That helped to cure Montana!"

"A lot of doctors who went south,  
"To look at Mrs. Ippi's mouth,  
"Called on Louisa Anna.  
"They all declared in black and white,  
"Louisa Anna is all right,  
"In every way and manner!"

• • • • •

Diarrhea: Sometimes this is due to plethora, or is from over-eating, and its meaning should not be misunderstood.

Diarrhea: The indication of subduing the hyperemia of the mucous membrane is the least understood and most important.

"When one is ill, a noise seems worse.

"Let Mrs. Ippi be her nurse."

The doctor answered coldly,

"Cheer up Louisa Anna Lou,

"She will be jolly yet if you

"Follow instructions boldly."

"Let Ida hoe; she's big and strong,

"But don't let Minnie sew too long,

"It ruins fine complexions.

"I wouldn't let Miss Zury run

"Around too much with Jefferson,

"He might win her affections."

"But where has Orrie gone today.

"O she met Sin Sin at a play,

"We fear she's gone to China!

"If we had let Pike speak to her,

"They might have both lived happier,

"And taken care o'Lina!"

"She's all right!" Little Rhody cried,

"She just went down to see the tide,

"And also to see Attle!

"She wanted to watch Mary land

"And get her a new jersey, and

"Buy Honey Lulu's rattle!"

The doctor made his best salaam

And then he said to Uncle Sam,

(Who thought about as he did.)

"With cheeks of such a healthy hue

"Such splendid constitutions too,

"No medicine is needed."

"A man who would a lass caress

"Would find it hard to choose I guess

"Among your daughters, mister,

"I never saw a finer lot

"From little Rhody, cunning tot,

"Up to her biggest sister!"

"That's what I heard Britannia say,"

Said Uncle Sam; "the other day,

"Although their boldness shocked her.

"These four-and forty girls of mine

"Are all so well—Oh, I opine

"They'll never need a doctor!"

—:o:—

There are 19 states and 8 cities concealed in this poem. See if you can find them.—ED.

Diarrhea: For fever, nausea, headache, pain and soreness in bowels, from cold, veratrine in very small doses often.

# A GROWING ALKALOMETRIST.

I am using more and more of the alkaloids and like them very much.—

R. L. Matthews, M. D., Diboll, Texas.

✽

# THE HEPPNER CATASTROPHE.

It is with great relief that we learn that our friend Dr. Swinburne with his family escaped the awful disaster at Heppner. He says the wreck is beyond description, the loss of life fearful, 75 per cent of the houses and fixtures swept away; the press reports not at all exaggerated.

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# CORRECTION.

In my article on Smallpox the formula should read as follows: Acid carbolic 3 oz., gum camphor 3 oz., Echafolta 3 oz., olive or cod-liver oil 1 pint.

—, Ohio. O. H. DUNTON, M. D.

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# FONETIC SPELLING.

I remember some of the things you related in your story of the Gnat and the Camel in a recent issue of the CLINIC, one thought of which was, you had scant sympathy with people who wanted to put pants on dicky birds while men were still getting drunk and killing their wives, which was said relative to reform spelling such as some journals have adopted. All sounds very well, but I will say that the evils of this world will never be corrected by beginning with the large evils and going down. It must be done, if done at all "by attacking all along the line," and when the small ones yield to reform we

Diarrhea: For robust plethoric cases, and for vomiting and purging of summer diarrhea, veratrine in very small doses.

will be better able to concentrate our whole efforts against the greater ones. We cannot afford to ignore the small things of life since the small ones may become the large ones and assume unlooked-for importance. It is the small savings that have started many a man on the road to fortune. If we cultivate the habit of spending all our small change we will find in time that we cannot save our larger money. We must form the habit of correcting that which lies in our power before us, and what we can do, rather than say we will do none of the little helps because we cannot accomplish in a short while the greater reforms.

Suppose we physicians should adopt such a course with reference to treatment of our patients? Suppose we should refuse to relieve the pain and other symptoms because we could not abort the disease? We would certainly be considered a most inconsistent lot. If we were to refuse to administer the alkaloids because alkaloids could not be derived from all medicinal substances, the result would be that we would deprive ourselves and patients of a safe, certain and convenient system of therapy which has given most extraordinary benefits to the sick and pleasure to the physician.

One of the most interesting journals (non-medical) and one of the best educators I have ever seen has been using for years a reformed system of spelling. It has a very large circulation and we never hear of anyone stopping their paper because it spells "catalogue" "catalog," or "thru" for "through." The small things of this life very often make powerfully for success or failure. There could certainly be little worry in leav-

ing off these superfluous letters, as the writer would have you believe in Gnat and Camel, as it seems to me the worry would come the other way. As far as reformed or phonetic spelling being a "fad," it seems to me the present clumsy way of spelling is the "fad," because a fad is a fashion and a fashion is something you are doing because nearly everybody else is doing the same thing. You spell "through" because nearly everyone else does it, and you simply follow an old fad. Now do you see the difference?

The alkaloids are here to stay, and there is no just reason why they should not be used all around, on the other hand there are a number of reasons why they should be substituted for the old remedies, and I can say this with all due respect to the old remedies, because it is nothing more than a transformation—a casting off the dross and a resurrection of the principle that makes it what it is to do the work as we have always wished. Alkaloidal therapy is the realization in the twentieth century of the dreams of the physicians of the past.

The fact that you get the effect every time transcends all other reasons for the use of the alkaloids. This one reason is all sufficient, and no physician should wait for further proof of their efficacy, but this fact does not justify one in singing the praises of the alkaloids in the language of the patent medicine fake. It weakens our cause with one another, and we should seek to eliminate this feature of ultraenthusiasm to avoid the reaction that is bound to come from too extravagant claims.

I find iodized calcium the most valuable remedy I have in spasmodic or simple croup, in the coryza of children, and



Diarrhea: Aconitine is useful to subdue fever, headache, relax the congestion of the intestinal mucosa; small doses.

Diarrhea: Light fetid stools, pain and straining, call for mercury, calomel gr. 1-12 every hour for six doses.



believe it to be akin to a specific in membranous laryngitis, however, I have only used it in two of the latter cases, but with success.

R. L. MATHEWS, M. D.

Diboll, Texas.

—:O:—

Anyone hu fels scandalizd over the bar legs of thos diky birds can go ahed and cloth them if thay ples. We hav no kick comng. Nor do we at al object to fonetik speling—in tim we get usd to enething. In fact we lik it. And if reforms of that caliber fit our nabrs brane it iz hiz brane and not ours. But don't stop  $\frac{1}{2}$  wa.—Ed.

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# ERYSIPELAS.

Next time you have a case of erysipelas, take two spoonfuls of Monsel's solution, in a quart of water, wet a cloth with it and lay it on the inflamed spot, and see how quickly it will cool it. As it gets dry, repeat every few minutes. Give strychnine freely, and almost before you know it your case is well. It cures in a few hours. No foolishness about it.

CHAS. W. THAYER, M. D.

Muscogee, Ind. Ter.

—:O:—

Much obliged, Doctor, for the hint. In twenty years I have had no case which did not recover promptly under pilocarpine if sthenic, or iron if asthenic.—Ed.

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# DOCTORS' UNION.

I have been a reader of the CLINIC for the past four years and the many

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Diarrhea: For slimy, bloody stools, termina and tenesmus, mercury bichloride gr. 1-134 every hour or two.

good things that have come my way through its pages would take columns to tell.

I get several journals but the twin CLINICS are my favorites. Each month they bring me a feast of good things that make handy weapons in my daily rounds.

I am not much at preaching but just want to say that the Doctor's Union is the very thing. All other trades and vocations unite and work in harmony, but here we are as a whole, and as intelligent a body as the civilized world contains, standing aloft, sleeping on our rights and often pulling each other down. It is no uncommon occurrence in this part of the country to hear one physician speak slightly of his brother; tearing down one to build up another, feasting as it were on dead bodies. Brother, this is not right. Isn't the world large enough for us all? Aren't we all laboring for the same great end? Why should we stand apart? Haven't we learned the simple lesson, that there is strength in union?

If we only would hold ourselves together there is no legislation we could not get, besides holding up the profession and practising ourselves. Yes, I say, give us union and everything else that will tend to the upbuilding of the cause. Let all come to the front and speak. Long life to the CLINIC.

T. C. COLEMAN, M. D.

Rolyat, Texas.

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Sparteine is splendid to fortify the system for the exhilaration a patient sustains in taking high altitudes, and is

Diarrhea: Cornin, gr. 1-6 every hour as a tonic astringent, especially in malarial cases, is quite effective.

indicated though no cardiac derangement may show.

FREMONT E. WOOD, M. D.

Florissant, Colo.

—:o:—

Patients with organic heart diseases should be exceedingly careful about ascending to high altitudes. Especially is this the case with elderly subjects. A previously unsuspected cardiac defect may develop rapidly under such conditions.—Ed.

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#### **CORRECTION.**

Dr. W. F. Shelton writes us that in his paper on typhoid fever in the CLINIC for April, the dose should have been 1-5 grain of podophyllin to each dose. We thought he was rather generous with his may-apple, but knew our readers would apply the proper correction.

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#### **SKOOKUM CHUCK.**

Allow me to congratulate you on the excellence of the June CLINIC. It seems to me the best I have seen, and I have read it steadily for five years. Possibly I had better congratulate the readers on having such a mine of information furnished them.

Skookum Chuck has been known to homeopaths for at least ten years. It comes from Medical Lake, Washington, and not from Great Salt Lake. A preparation for internal use and also a soap are prepared in St. Louis.

During eight years' practice I have never had a case of typhoid fever in which the fever lasted over two weeks, nor have I lost a case of that fever. I begin with 10 to 20 drops of tincture

gelsemium in a glass of water, a teaspoonful every ten minutes till sweating profusely, or until all has been taken. If taken in time that will be quite certain to abort the attack. However, if it cannot be aborted I treat it with the indicated homeopathic remedies or with the tissue remedies, and give 10 drops of echinacea every two hours. Cases that are cured in two weeks cannot begin to compare as money-makers with one which occurred in our neighborhood three years ago, in which the patient had a high fever and was delirious for nine months, and was in bed for a year all told.

Try *castanea vesca* in whooping-cough, 30 to 60 drops every four hours.

Withholding all food for a day or two, and giving minute doses of copper arsenite, with possibly a very little podophyllin combined with it, will cure practically every case of infantile diarrhea. I have lost but one case in eight years, and that one had been ill for over a week when I first saw it.

Skookum Limechen Chuck, "strong medicine water," is derived from the water of Medical Lake. The water contains in grains per gallon: Sodid carb. 63.54; sodid chloride 16.37; sodid silicate 10.63; potassic chloride 9.24; ferrous carbonate .526; magnesic carbonate .237; calcic carbonate .186; alumina oxide .175; traces of lithic carbonate, borax and potassium sulphate.

Skookum chuck is useful in tumors of breast, catarrh, eczema, disorders following vaccination, hay fever, lithemia, ozena, rheumatism, urticaria, etc. Antidoted by tobacco. Used in 1st, 2d and 3d decimal triturations and in soap.

E. W. FEIGE, M. D.

Woonsocket, S. D.

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Diarrhea: Green stools, frequent and painful, nausea and nervous symptoms call for emetin, gr. 1-67 every hour.

Diarrhea: For malarial, periodic, dysenteric, recurrent cases, and for jaundice, quinine arsenate gr. 1-67 every two hours.

## SUMMER THERAPEUTICS.

The following therapeutic suggestions have been editorially prepared as likely to be helpful in your summer's work. They may be new to you and they may not. If they are helpful, as we trust they will be, it's all we hope for.

**ACETANILID** is indicated in sunstroke with high fever, 105 or more. Give ten grains at once, repeated in an hour, and keep ice to the head and inject ice water in the rectum. Keep it up till the fever has subsided to a point compatible with life.

**ACID CARBOLIC** is useful as a stomach disinfectant, when the breath is bad or for diarrhea. Give one to three granules gr. 1-12 each, every quarter to one hour till relief. Stop if the urine darkens, as this indicates destruction of the red blood cells.

**ACID SALICYLIC** is best used as an intestinal antiseptic in cases of acidity and pyrosis. It puts a stop to heartburn and waterbrash promptly. Give a granule gr. 1-6 every five to fifteen minutes. For rheumatism also these little frequent doses have an effect that must be seen to be appreciated.

**ACID TANNIC**—When an astringent is really indicated this is far better than any one of the extracts from which tannin is derived; uniform, better to the taste, smaller dose, more quickly absorbed, less liable to irritate the stomach—in a word it possesses all the advantages of the active principles in general.

In hemophilia it has succeeded when every mineral astringent in the list had failed. It is effective in restraining the loss of albumin in nephritis.

**ACONITINE**—Many times in treating summer diseases of infants or of adults the fever and local congestion are most usefully met by the use of this invaluable agent. The man who sees nothing but stopping diarrhea in these cases will distrust this drug, but he who looks deeper and sees the need for allaying the inflammation will appreciate aconitine.

**AGARICIN**—Here's the fat man's decline: Sweat, drink ice water, sweat more, drink more, till the salts are drained from the blood, the heart weakens, and he falls in a faint; the jay doctor pronounces it sunstroke and bleeds him, and he dies. Stop the sweating with agaricin, dose enough, a granule every hour, and restrain the thirst by

chewing gum, or sipping anything hot, or by a granule of phosphoric acid every half-hour, taking it as medicine, with a table-spoonful of water only.

**ANEMIA AND CHLOROSIS, No. 414**—Many a man and woman need this valuable tonic when compelled to do exhausting work in hot weather. It has no strychnine, and sometimes it is well to have a good tonic that has not that powerful vitalizer. We do not drive all our nails and tacks with a sledgemoor.

**ANEMONIN**—Girls will sit out on the cold ground while menstruating, and next day they are in bed with fever, headache, and the flow stopped. Give a granule of anemonin every hour, with cicutine hydrobromate for headache, or iron arsenate if anemic, and by night they will be better—and we hope wiser. But we are not so sure of the latter as we are of the former. We know what the remedy will do, but as to the girls—excuse us!

**ANODYNE FOR INFANTS**—Don't use it to check diarrhea. The objection to this granule is that it does so many things so well that one is apt to abuse it. The colics, flatulences, restlessnesses, discomforts and sundry ails it relieves, render it too much of a favorite.

**ANTICONSTIPATION**—At no time is this matchless laxative so well indicated as in summer, when the derivation through the skin leaves the bowels with too little water to provide for their function. The granule checks the sweating and directs the flow to the bowels, while all the constituents aid in stimulating the digestion.

**ANTIDIARRHEAL No. 417**—This is one of the French compounds that have been recently introduced. If it proves nearly as valuable as the Diabetes Mellitus granule No. 431, it is too good to be neglected. Try it.

**ANTIDYSPEPTIC**—An excellent combination for summer dyspepsias, stimulating the digestive secretions and the appetite as well.

**ANTINAUSEA**—This will be best appreciated by those of our number who design

Diarrhea: In all forms. the first indication is to clear out of the bowel all morbid irritating matters.

Diarrhea: Begin with Neutralizing Cordial—rhubarb, emetin, hydrastis, soda carbonate and sulphocarbonate, aromatics.

taking summer trips by sea or rail; for although specially intended for seasickness it is equally effective for car-sickness, the more distressing of the two. Empty the bowels first with a morning saline, and start with stomach empty and hungry.

**ANTINEUROTIC:**—Especially effective in summer neuralgias, which come from getting chilled while sweating, and are always connected with debility and local congestions. An admirable combination.

**ANTI-RHEUMATIC AND GOUT:**—Yes, he has kept up the use of rich foods after the need subsided with the frosts, his blood is thick, his stomach sour, and his joints rheumatic. And yet he is evidently below par, and will not bear depletion. So this beautifully balanced French confection comes in, and fills the need with true French nicety.

**ANTI-SCROFULOUS, RECONSTRUCTIVE:** — If there is one point in which the French Dosimetrists excel us it is in the uses made of quassin. And this is one of their well-calculated formulas, for a blood-germicide, tonic and roborant. In all cases of glandular engorgement in children it is especially apt.

**ANTISYPHILITIC:**—Thou hast all seasons for thine own, O Lues! This is an illustration of the theory that the action of mercury in syphilis is a specific one and not dependent on its destructive powers. Hence it is united with the greatest of vital incitants that the general health may not suffer while the metal is seeking out and destroying the poison.

**ANTI-TUBERCULAR:**—When the tubercular process pauses in the warm days is the time to get in our best work. Do not wait till the enemy is reinforced and active. This granule is another of those elegant products of France. Strychnine arsenate of course, and tannin which they believe lessens the vulnerability of the tissues, and helonin which represents elecampene, that ancient remedy for phthisis that will not stay in oblivion but continually reappears. Why? We believe there is reason in all things, though we may not be able at all times to explain the why of it. But how often do we realize the truth of the High Priest's sage remark: If it be of God it will live.

**ANTIZYMOTIC:**—This must have been in-

tended for hot-weather infections, it suits them so admirably. A tonic antipyretic-antiseptic.

**APOCYNIN:** — This is specially applicable for the dropsies that are attended by or dependent upon anemia, and these we may see in the warm season. Give till it acts slightly on the bowels.

**ARBUTIN:**—The relief in cystic maladies from free sweating is fallacious. Better give arbutin regularly in small doses for a full year, and get a true curative effect on the bladder and kidneys.

**ASPIDOSPERMINE:**—Asthma is apt to be as troublesome in summer as any other time. Give to effect, but do not start in with too big doses.

**ATROPINE:**—The king of remedies for all irritations of the vagus, whether shown as choleraic attacks or dyspneas. The greatest of drugs if you know it thoroughly. Keep all the salts on hand.

**BAPTISIN:**—A cholagog, especially useful for fetid stools, brown tongue, danger of sloughing of inflamed or injured tissues in alimentary canal.

**BERBERINE:**—The great contractor of relaxed connective tissue. To tonify the dilated coats of the stomach, weakened or parietic from iced drinks and over-filling, for uterine prolapse when the pessary is uncomfortable, and a host of other uses which will occur to him who comprehends the one action above given.

**BISFITH SUBNITRATE:**—It subdues inflammation and irritation when applied locally to skin, stomach, etc. Not antiseptic but it aids the stomach to retain the agents that might otherwise irritate.

**BLUE MASS AND SODA:**—An old-fashioned one that is very often needed by the little ones in summer. Stimulates the dragging excretions and makes the way open for the antiseptics. Too good to fall into disuse.

**BRUCINE:**—What strychnine is to the adult brucine is to the child—and more, it takes hold more quickly and is better in emergencies.

**BYONIN:**—Try this for cutting pains in the abdomen, for obstinate cases that improve on rhubarb, juglandin or emetin, but recur. Tell us about it.

**CAFFEINE:**—The salts of caffeine form the

Diarrhea: Nothing alkaloidal quite replaces castor oil as a cleanser and healer; but try juglandin gr. 1-6 every hour.

Diarrhea: The invaluable qualities of rhubarb are perhaps represented by juglandin in a much smaller dose. Try it.

best of tonics for the little child in summer, especially when we must cut down or wholly stop its food. Do not neglect it.

**CALCIUM LACTOPHOSPHATE:**—This and the hypophosphite are often needed by the little patients to rebuild the depleted tissues when convalescing; and many diarrheas are evidences of the lack of the lime salts, as in rickets.

**CALCIUM SULPHIDE:**—The great systemic antiseptic, for all infections. It is indispensable at all seasons and in all ages. Do not neglect it in diphtheria.

**CALCIUM SULPHOCARBOLATE:**—Less astringent than the zinc, but well suited for cases requiring lime. Give twice as much as of the zinc.

**CALOMEL:**—Light colored offensive stools call for calomel before we give the antiseptics; small doses frequently repeated till the secretions of the alimentary tract are favorably modified. Begin with this in fevers and follow with saline, and then give zinc sulphocarbolate to the limit of need as a routine. The various preparations offer a selection for all cases.

**CAMPHOR MONOBROMIDE:**—There is no danger in giving this for restlessness and insomnia, and when the stimulant power of camphor is needed without irritating the stomach. The effects of both ingredients without their disadvantages.

**CAMPHORAL:**—The summer uses of this are to be found in pruritus and catarrh. The latter is better in warm weather and that is the time to get in your curative work.

**CANTHARIDIN:**—When a woman says that every time she coughs she passes a little urine, give her this—just enough—no more.

**CAPSICIN:**—In the collapse of the choleraic maladies, in the algid stage of infections, when the system seems overcome by the force of the disease and prompt and powerful incitation of the vitality is required, this is the remedy. Also to relieve the inebriate of the incessant tormenting craving for alcohol. Always give enough. The capsicum and nux answers well for the latter.

**CERIUM OXALATE:**—This is the remedy for vomiting of pregnancy or any form due to irritability of the stomach, which cerium sedates.

**CHLORODYNE:**—For cramps, chills, spasmodic pains anywhere, cholera morbus and dysenteries, exaggerated peristalsis, this fully equals the liquid of the same name.

**CHOLERA AND ATONIC DIARRHEA:**—This is the French idea, a recent importation. May be used by hypo or by stomach. Well worth study and trial. Allays vomiting and cramps, sustains vitality, restores warmth, stimulates kidneys, moderates reaction.

**CICUTINE:**—To sedate ganglionic excitement; quiet motor restlessness, allay apprehensions, especially threatening insanity. A power indeed when indicated.

**COCAINE:**—For tubercular laryngitis, to allow feeding. To alternate with strychnine in pneumonia, but caffeine is usually better.

**CODEINE:**—The best of all sedatives to allay cough; most uses best met by Infants' Anodyne.

**COLCHICINE:**—The best established of remedies to increase renal excretion of solids. Uricemia, gout, rheumatism, plethora, for the full-blooded.

**CONDURANGIN:**—For cancer and other painful affections of the stomach. Do not neglect this. It offers help where there has none been found.

**COPPER ARSENITE:**—For non-inflammatory diarrheas, duodenal disease, a valuable antiseptic and restorative of digestion. The compound granule has been largely used in the choleraic affections.

**COTOIN:**—This has been pronounced the most effective astringent for the alimentary canal in use. But Engel said it was only good in tubercular cases. Try it out and tell us.

**CREOSOTE:**—It suits some stomachs well; it goes out by the lungs and on its way takes along whatever bacilli it meets; it settles some irritable stomachs, and checks the discharge or formation of purulent or fetid sputa; and puts a stop to fermentation.

**CUBEBIN:**—It stimulates the secretion of mucus and is good to follow emetin in acute bronchitis.

**DEFERVESCENT COMP:**—We very often note that the Triad is used where this would be better, because the veratrine in it would stimulate all the excretory organs. It is not depressant except in over-doses. After the bowels are emptied and disinfected, in any fever,



Diarrhea: Hot liquid diet, hot applications to the abdomen, hot enemas, rest, intestinal cleanliness, antiseptics.

Diarrhea: After cleaning out the bowels, the sulphocarbolate of zinc does about all the rest; then juglandin to restore secretion.



give this till the effects are satisfactorily shown.

**DERMAL ANTISEPTIC:**—Use this in all cases of summer pruritus and eruptions—prickly heat, intertrigo, etc.

**DIARRHEA:**—A good reliable tablet, filling a number of indications. If you have an empty bottle in your case put this in, and you will have use for it.

**DIASTASE:**—For the numerous cases of indigestion of starch, flatulence, in the diarrhea of rickets. Give before meals only.

**DIGESTIVE:**—A good all-round digestant and appetizer. Fills many indications; fermentation, weight in stomach, gastralgia, anorexia.

**DIGITALIN:**—We always require this, the greatest of heart tonics.

**DIURETIC No. 434:**—This is the French combination for irritability at the neck of the bladder, retention, dysuria, strangury, as an antispasmodic, also stimulating renal secretion. The success of the other remedies of this selection warrants a trial of this.

**DOSIMETRIC TRINITY:**—Burggraef's matchless combination for fevers, especially of the adynamic type. It is one of the triumphs of Dosimetry that the three ingredients were proved to act in unison though previously considered antagonistic. The basis of the treatment of acute fevers.

**DOVER'S POWDER, MODIFIED:**—Of a wide range of uses, in coughs, colds, diarrheas and dysenteries, to relieve irritability and pain, when opiates are admissible.

**EMETIN:**—Ipecac without its disadvantages; given dry it does not nauseate; in grain doses at bedtime it sedates the irritability of the inebriate, secures sleep and clears out the liver better than calomel; in small doses it is indispensable in treating dysenteries, diarrheas, acute coughs; and as an emetic for many conditions, not the least of them being the indigestion of old or young.

**EUONYMIN:**—Give with quassin for dyspepsia and indigestion—good combination.

**GELSEMIN:**—Allays ganglionic excess, sexual irritability, fever of children when eyes are unnaturally bright, brain too active.

**GLONIN:**—The life-saver; for fainting, snake-bites, cerebral anemia; to open the doors for quicker action of any other rem-

edy, to quickly relax any spasm, relieve spasmodic pain, relax arterial tension.

**HAMAMELINE:**—For venous or capillary bleeding, hemophilia, mucous fluxes.

**HEART TONIC:**—Good, even if a shotgun.

**HEMORRHOIDAL ASTRINGENT:**—Now all your cases of piles begin to suffer; they want relief but not by operation; give them this, but do not let them know what it is, or there will be a new ointment on the market.

**HYDRASTINE:**—The most powerful hemostatic, for permanency. Check bleeding by atropine and then give this to make the relief permanent. To check free discharges of any sort, and give tone to vessels; while berberine does the same for the connective tissues. For both effects give hydrastin.

**HYOSCINE HYDROBROMATE:**—The greatest hypnotic known. For shaking palsy, chorea, abnormal motor irritations, add cicutine hyd.

**INTESTINAL ANTISEPTIC, W-A:**—The final word as to cholera infantum and morbus, all fetid diarrheas and dysenteries, fermentive dyspepsias, typhoid fevers, etc. The most successful remedy ever introduced for these purposes.

**IODOFORM:**—To sedate an irritable stomach, allay cough, stop nervous and septic or uremic headaches, stimulate absorption, relieve gastric pain, combat syphilitic and other infections, stop progress of iritis.

**IRIDIN:**—Besides its cholagog effect it stimulates glandular action.

**IRON:**—The chalybeates are often needed in convalescence and to tone up relaxed bowels. We give a choice from four—that's enough, isn't it?

**JUGLANDIN:**—This agent gives in granule form the virtues that have made rhubarb such a standby. It sweeps out the bowels and checks the tendency to diarrhea; restores normal digestive secretions, allays irritability of stomach and bowels. It is a very valuable remedy.

**LEAD ACETATE:**—This has the double action of an astringent and a local sedative, and has value in many cases; but newer remedies have crowded it out of sight. But it's there if you want it.

**LEPTANDRIN:**—This is the least laxative of the cholagoges and suited to bilious diarrheas; also as a tonic to the digestion.

**LITHIUM BENZOATE:**—The occurrence of

Diarrhea: For white fetid stools, calomel; for dark fetid stools, podophyllin; both followed by sulphocarbolate and then juglandin.

Diarrhea: Diet of hot milk, clear soup, raw beef, white of egg in cold water, coffee; sometimes no diet is best.

burning and irritation of the bladder, the urine red and scanty, calls for this agent. It is often needed in summer. The other lithium salts come in handy for rheumatism.

**MANGANESE COMP.**—This combination was put together to meet the need for a remedy for sour stomach, waterbrash, heartburn, the whole train of symptoms that ensue from fermentation in the stomach. This it does, and puts a stop to vomiting of any sort. It is the best of the gastric sedative mixtures, and can be given to children with perfect safety. During the time since the great epidemic of influenza there has been a surprising prevalence of this condition, and this remedy was devised to meet this need. One of the tablets should be given every five minutes when the stomach is sour; best dissolved in a little hot water, or chewed up so as to insure prompt action.

**MENTHOL.**—The perfection of a carminative tablet to be carried in the pocket and taken as needed; also to flavor other remedies given in solution; for colics, indigestions, flatulence, car-sickness.

**MERCURY.**—In addition to calomel and its combinations seven preparations of mercury are listed—a sufficient variety to meet all possible needs, even for the hypodermic use. The older brethren will welcome the hyd. cum creta, for the little ones in summer—even better than calomel to regulate the excretions without irritating, and check vomiting in old or young, when due to decomposing food.

**MIGRAINE.**—This is an effective agent in the headaches that require relief and will not bear depressing remedies. The prescription is well balanced and effective; intended for the intensive administration, one every quarter-hour till relief.

**MORPHINE.**—If you really need this, there are eight forms from which to choose.

**NEUTRAL CORDIAL.**—This is a tablet representing the famous old Eclectic preparation, which still holds its place because there is nothing else as good. For the beginnings of all diarrheas, old or young; to sweep out the morbid matters from the alimentary canal, check looseness, and stimulate—no, incite—the secretion of healthy, normal digestive fluids. If the patient prefers the syrup, dissolve these in hot maple syrup, one to each dram. Give

till healthy discharges occur, and repeat whenever bad smelling ones are noted. Put this in the hands of every mother of a child in its second summer, telling her how to use it without waiting till you get there. Persons liable to summer diarrheas, or on traveling, should have a bottle of these tablets with them.

**NUCLEIN, W-A.**—The active principle of life, it is always needed.

**PAPAYOTIN.**—The universal digestant, of starch, sugar, albumin, fat, all the elements of a meal, and not liable to decomposition like pepsin, it has deservedly superseded the latter; and is indispensable.

**PEPSIN.**—But this has a peculiar and valuable action as a sedative to an irritated stomach, apart from its digestive action, that renders it useful, and it is good to give with the sulphocarbolates, and for all forms of vomiting.

**PEPSIN COMP.**—This is a useful remedy in many indigestions, with lack of gastric tone, and unhealthy secretions.

**PHYSOSTIGMINE.**—Of the uses of this, that most prominent in summer is to stop gastric flatulence—eructations. Three granules a day.

**PILOCARPINE.**—To sober up a drunk; to stop a chill or the access of a fever; sweat out a cold, relieve uremia, check erysipelas, a remedy of tremendous power.

**PIPERINE.**—Similar in uses to capsin, not so strong.

**PODOPHYLLIN.**—For cases with fetid stools, dark in color; one or two granules at bedtime only; never in doses enough to cause pain.

**QUASSIN.**—For atonic forms of dyspepsia, convalescence, anorexia, relaxation. Very many times needed; get a good supply.

**QUININE.**—Ten forms, all needed; useful in so many ways we have not space to enumerate them.

**RESORCIN.**—Antiseptic, antipyretic, antirheumatic, astringent—a rare combination. Inflammatory diarrheas.

**RHEIN.**—A concentration affording the virtues of rhubarb in the smallest bulk as yet possible. It is largely replaced by juglandin.

**RHUS TOX.**—For muscle pains; enuresis; weakness of the vesical sphincter with dribbling urine, men especially.

**SACCHARIN.**—Use in place of sugar to sweet-

Diarrhea: Browned rye flour made into a pap with a little nutmeg and cinnamon is a useful Pennsylvania Dutch diet.

Diarrhea: We used to take blackberry cordial in our childhood, and it answered well for simple cases, after oil.

en mixtures, as sugar is apt to ferment in hot weather; also for diabetics and sour stomachs.

**SALICIN**:—Antipyretic, antimalarial, antiseptic, tonic astringent, restrains the sexual propensity.

**SALINE LAXATIVE, ABBOTT'S**:—Universally needed to clear out the alimentary canal preparatory to rendering it aseptic; a teaspoonful or more in a full glass of water on rising, or as needed.

**SALITHIA**:—Same indications in plethoric or uricemic persons, and in rheumatism.

**SALOL**:—An efficient intestinal antiseptic, and for the urine when full of bacteria, catheter cases.

**SANGUIFERRIN**:—As a stimulant food for children and adults during the period when ordinary food cannot be given as usual; to bring up the nutritive value of the diet, as a restorative in all exhausted or debilitated states; as a diet in gastric ulcer.

**SILVER OXIDE**:—Resembling lead as being sedative and astringent; well suited where an astringent is required in declining stages when the inflammation has subsided; for gastric ulcer; chorea; gastric catarrhs.

**SODIUM SULPHOCARBOLATE**:—For cases where fermentation and acidity combine; as an antiseptic it requires four times as much as of the zinc.

**STRYCHNINE**:—Eleven forms of this matchless vital incitant. All are useful. For low vitality anywhere; to hold the heart and lungs up to their work; for many other uses too numerous to mention.

**SULPHUR COMP.**:—An invaluable cholagog, acting mildly but surely, in biliousness, rheumatism, many cases where a little stimulus is needed by the liver, after which other remedies will take on curative action impossible before.

**TONSILLITIS**:—Now, we wish you could see the nice things said of that tablet by many doctors who have used it in quinsy. It is great.

**TRIPLE ARSENATES**:—This combination has won a high place as a powerful re-builder, a restorer of strength and vitalizer of all the functions. The two formulas are well suited for the use at any season.

**VERATRINE**:—Though we have used this agent for many years it is only recently that its full value has dawned upon us, since our studies have shown how frequently a deficiency in the action of the kidneys underlies manifestations of disease. The need of constant elimination, the troubles that instantly follow a falling off in this function, make up a large part of the practice of medicine. And of all the agents that favor elimination perhaps the most effective is veratrine. It opens every door. The most foudroyant attack of eclampsia will be quelled when it has gotten control. In the doses in which it does its best work it is not a sedative, but by opening the vessels really relieves the heart and makes its work easier. As we study more closely the eliminant organs we turn to this agent with the more confidence. In the summer especially, when the heat is apt to interfere with all these organs, veratrine in judicious dosage is a most valuable resource. Even in diarrheas with inflammatory or congestive states of the bowels it is useful, while in general fevers and local inflammations it is a master key.

**ZINC AND CODEINE COMP.**:—This is one of those apt combinations which fills so many needs and so well that it wins a high and permanent place at once. Especially in nervous and asthenic diarrheas it is applicable. For the abdominal disorders characterized by pain, spasmodic or not, it is well suited.

**ZINC OXIDE**:—This was said by Mitchell to be the best agent in use for restoring the chronically inflamed mucous membrane to health. In gastric catarrhs it has proved very effective.

**ZINC SULPHOCARBOLATE**:—In bad cases of cholera infantum this is the only drug that will surely save life. Is that too strong? Try it and see. Give up to two grains every hour to a child in the second summer, after washing out the bowel with hot water. Use the atropine hypo to stop vomiting and give the zinc to effect. We have found nothing so reliable. In typhoid fever it is the main standby. In every case with fetid stools give this salt to effect. See that you have a pure salt; much that is sold is unfit for use in man.



Diarrhea: The more nausea, the more necessary is the beginning with a little calomel—gr. 1-20 every half hour—any age.

Diarrhea: Blood, pus and mucus may indicate ulceration, and this be due to encapsulated scybala. Use colonic flushing.

**CHOLERA INFANTUM.**

I have been practising nearly thirty years, and for the first twenty I lost perhaps more than my share of cases of the "summer scourge," Cholera Infantum. Ten years ago I began to disinfect the bowels of babies suffering from this sickness, and although a beginner in the disinfection idea, the results were most gratifying. And on maturer study of the system of treatment I can only say of this, as so many other things, why was it not done before?

My first thought on seeing one of the little sufferers, is a cool saline bath. It quiets the nerves, cools the skin, and gives rest immediately. I next procure a glass with four ounces of water, into which I place for a child of 6 or 8 months, ten tablets of the "Woodbridge treatment," No. 1, also ten doses of a diarrhea mixture, consisting of:

Calomel .....gr. 1-8  
Morphine sulphate....gr. 1-16  
Capsicum .....gr. 1-16  
Ipecac .....gr. 1-32  
Camphor .....gr. 1-16

Dissolve and give a teaspoonful every hour, or, if dejections are more frequent, a teaspoonful after each movement of the bowels.

Plenty of sterilized water to drink, and they will usually drink large quantities of it for the first few hours. This is not too large a dose nor is it too frequently repeated. Sterilization is the object sought, and we always get it with the above, also the tonic effect of the capsicum and ipecac with the nervine of camphor. This treatment will positively not influence the bowels for anything but good. The stools will gradually

come less often, change their odor and color, and consistency.

Mothers frequently ask, what shall I give my baby to eat? Nothing, absolutely nothing for a day or more. The bowels need rest. Rest them. Sterilize them, sweep out the toxic material. Give the little patient sleep.

When I begin to feed I avoid sterilized foods. Good sweet cows' milk, or better if possible, the mother's milk. The cows' milk and sometimes the mother's milk also should be at first diluted, depending on the stage of the sickness when called.

The old-fashioned crust coffee with a little cream. Cream with hot water. Egg albumen well beaten.

Frequently we are not called until our patient is almost or quite collapsed. Then we have a mucous surface partially denuded and raw, in a greater or less extent, and liable to take on farther inflammatory complications.

I would here heartily commend Dr. Heilman's article on typhoid fever, in the June number of the CLINIC. I believe with him that typhoid fever can be aborted, and I am equally as positive as he is, that I have aborted it in many instances.

Twenty years ago I read in Pepper's works, that "there is no doubt that some cases of typhoid fever undergo a peculiar change, in which the glandular system becomes modified in such a manner that the toxic material is neutralized and swept out of the bowels, producing an immediate change for the better; and what seemed to have been a typical case of typhoid, is aborted." I think that he also adds that this modification usually occurred before the close of the second week. It occurred to me then that if



Diarrhea: For morning, chronic, with cutting pains, stools dark and offensive, podophyllin gr. 1-6 at bedtime, or 1-134 every hour.

Diarrhea: Viburnin has astringent properties, but when such an agent is required, tannin fills the need, or cotoin.

this were so, it would be modified by our art; and some day would be; and lo, it it here.

S. D. YERINGTON, M. D.

McBain, Mich.

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#### DIARRHEA OF CHILDREN.

Before I used the following treatment I lost most of my cases if severe, now I save most of them.

For a child two years old, take a glass two-thirds full of water, add two granules copper arsenite gr. 1-250, one of codeine gr. 1-67, one hyoscyamine gr. 1-250, and direct: A teaspoonful every hour for three doses; then every two hours until better; then every four to six hours until well. Last but most important, I give this prescription: Calcium carb. precip. 6, emul. oil. 150; mix. Direct: A teaspoonful every two hours until the discharges begin to look natural, then four times a day until well.

I get more from the short articles the every-day doctor writes than from the long-winded ones that write much and say little. You are doing good work, Doctor. Alkalometry is coming, and the profession appreciates your efforts; but probably some upstart will step in and write a book on the alkaloids and get all the credit.

This is a hard world and few get out of it alive; and those few are all crippled up with rheumatism.

E. A. LEAVITT, M. D.

Worcester, Mass.

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Glacial acetic acid, applied night and morning, sufficient to wet them, will re-

move any warts, common, hard, venereal, or cauliflower, in one week. No pain, no stain; simply absorbed. Has not failed me once in 20 years.

H. C. BARNARD, M. D.

Charleston, Ill.

—:O:—

This is a remedy so old that it has been forgotten; but we never found any of the newer ones as good.—ED.

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#### DOES CHLORIDE OF MERCURY PTYALIZE?

I say not. It has to be converted into the bichloride before toxic effects are produced, and it is an admitted fact that it has to come in contact with a mineral acid in order that it becomes the bichloride.

My theory is that as a certain amount of minerals are introduced into the system in the various articles of food, especially, the cereals, and an acid is generated therefrom, and the skin is the emunctory by which is eliminated from the system, then any act that will cause the pores of the skin to close thereby retaining the acid thus formed in the tissues of the body, thereby causes the chloride to be converted into the bichloride by coming in contact with the said acid thereby producing an irritant poison. Therefore taking cold is the most frequent cause of ptyalism.

If my theory is incorrect, say why, and give me the how of process. Hope to hear from others of the CLINIC.

J. K. P. SMITH, M. D.

Antlers, Ind. Ter.

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Diarrhea: For membranous enteritis, try copper arsenite gr. 1-100 every four hours, or 1-1000 every hour.

Diarrhea: For choleraic forms, and for those due to cold or bad drainage, camphor monobromide gr. 1-6 every quarter-hour.



# AMONG The BOOKS

*A Text-book of Practical Medicine.* For the use of students and practitioners. By William Gilman Thompson, M. D., Professor of Medicine in Cornell University Medical College, New York. New (second) edition, thoroughly revised. In one octavo volume of 1,104 pages, with 62 illustrations. Cloth, \$5.00. Lea Brothers & Co., Philadelphia and New York.

We reviewed the first edition of this work two years ago, and had much to say about its excellency and up-to-date-ness. But two years in medicine of the present day makes the best work subject to revision, to keep up its first attained excellence and hold professional approbation. This has happened to this work. It is again up-to-date, so far as medical matters first elaborated in private and smaller medical fraternities have become public property. There is much yet to come from these sources for the benefit of humanity.

*Practical Points in Nursing.* For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Recipes for Invalid Food and Beverages; Weights and Measures; Dose List; and a full Glossary of Medical Terms and Nursing Treatment. By Emily A. M. Stoney, late Superin-

tendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Third Edition, Thoroughly Revised. Handsome 12 mo. of 458 pages, fully illustrated, including 8 colored and half-tone plates. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth \$1.75 net.

We have reviewed in these pages the second edition of this excellent Nursing Manual, and gave it the highest mede of praise among those of its class that came then to our notice. We have the same and more to say of this edition, because of its up-to-dateness.

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*The Care of the Baby.* A Manual for Mothers and Nurses, containing Practical Directions for the Management of Infancy and Childhood in Health and in Disease. By J. P. Crozer Griffith, M. D., of the University of Pennsylvania, Physician to the Children's Hospital, Philadelphia.

Third Edition, Thoroughly Revised. Handsome 12 mo. volume of 436 pages, fully illustrated. Philadelphia, W. B. Saunders & Company, 1903. Cloth \$1.50 net.

An unusually useful monograph, written evidently by a long observing specialist in pediatry, and that *con amore*. An ideal treatise indeed.

*Medical Jurisprudence, Insanity, and Toxicology.* By Henry C. Chapman, M. D., Jefferson Medical College, Philadelphia. Third edition, thoroughly revised, greatly enlarged and entirely reset. Handsome 12 mo. volume of 329 pages, fully illustrated, including four colored plates.

Philadelphia, W. B. Saunders & Company, 1903. Cloth, \$1.75 net.

The usefulness of this book lies in grasping the salient practical points of the subject which it treats; and the medical or legal student can pursue further investigations in larger works, of which there is no dearth in the English language.

The part of Medical Jurisprudence in this book refers only to the evidences derivable from post mortem appearances, and not to injuries on the living for which some one may become liable.



*Tuberculosis:* Recast from Lectures Delivered at Rush Medical College in affiliation with the University of Chicago. By Norman Bridge, A. M., M. D. Handsome, 12 mo. volume of 302 pages, illustrated. Philadelphia, W. B. Saunders & Company, 1903. Cloth \$1.50 net.

At no period of medical history was there so much spoken, written, read and worked too, about tuberculosis as at the present. It does a body good, therefore, to come across a book which attempts as this one does to answer the important question: Where are we at now? A reliably informing answer to this question will save the practitioner from going backwards the moment he looks there, and will also help him to look forward intelligently for the things needed to

come in fighting, *humanely*, we underscore it, with this enemy of human life.



*International Clinics.* Quarterly Vol. I, Nineteenth Series, 1903. These valuable series, which we had the pleasure and scientific profit of reviewing the past years, comprise all parts of the medical sciences and arts. Carefully selected from the immense mass of all the world's recorded medical progress, and edited and published with equal care, these series present the honestly progressive physician with a rare surrogate for the voice and surroundings of the world's best medical teachers. The present volume gives a review of all that was done in medicine in 1902.



*The Refraction and Motility of the Eye,* for students and Practitioners. By W. N. Suter, M. D., of Washington, D. C. Illustrated with 101 engravings in the text and 4 plates in colors and monochrome. Lea Bros. & Co., Philadelphia, 1903.

It is always a difficult and yet an ever necessary task to reduce the result of scientific research to the grasp of even the more educated average mind. It is often more easy to learn than to teach, just as the desire for knowledge is often greater than the ability to acquire it. The volume before us is an attempt to succeed in teaching the Refraction and Motility of the Eye, according to the latest results of scientific research. Its success will depend upon the educated condition of the reader's mind. The author has done his best; may the reader do the same. The publishers have done the same, as usual.



Diarrhea: For Lienteric stools, undigested food, passed quickly after eating, copper arsenite gr. 1-250 every hour or two.

Diarrhea: When fever and bloody stools persist into chronic form, give copper arsenite gr. 1-250 or less every hour.

*Pneumotherapy, Aerotherapy and Inhalation Methods and Therapy.* By Dr. Paul Louis Tissier, of the University of Paris. Illustrated. P. Blakiston's Son & Co., Philadelphia.

This book is Volume X, of S. S. Cohen's system of Physiologic Therapeutics, which we regret to say is like the rest of the volumes not sold separately.

Like the other nine volumes, which were reviewed in pages of the CLINIC, this volume also gives us cause to congratulate the editor for his grand conception of the entire system, the author of this volume for his thoroughness, the publishers for their fine work, and the profession on the acquisition of a volume to which may be referred with confidence for information in the line of the therapies to which this volume is devoted. We cannot help expressing our regret that this volume cannot be bought singly, especially on account of its part which treats so excellently on "Inhalation Methods and Therapeutics."



*A Text-book of Modern Materia Medica and Therapeutics.* By A. A. Stevens, A. M., M. D., of the University of Pennsylvania. Third edition, greatly enlarged, rewritten, and reset. Handsome octavo of 663 pages. W. B. Saunders & Company, 1903. Cloth, \$3.50 net.

The pages of this fully vindicate its title. It is a book of *modern* materia medica and therapeutics, in which the old remedies too, such as venesection and cupping, are not neglected. It is brief, very brief, but for that it is full. If we mistake not, the author is in this

book setting a model, which will be liked by the practical progressive ones of the profession, and other authors in this line will have to follow. We congratulate author and publishers.



*The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis.* By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B. S., Director of the Edward N. Gibbs X-Ray Memorial Laboratory of the University and Bellevue Hospital Medical College, New York. Handsome octavo volume of 591 pages, with 180 illustrations, nearly all clinical. W. B. Saunders & Co., 1903. Cloth, \$4.50 net; sheep or half morocco, \$5.50 net.

This radio-electric monograph will be welcomed both by those that seek *ad oculos demonstrandum* diagnosis, in parts hidden from the naked eye, and also by therapeutists who are studying the power of the x-ray on pathologic conditions external and internal to the body. It gathers in one convenient volume facts, notices, discussions and results, which are scattered far and wide in scientific and medical literature.



*Progressive Medicine.* A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Drs. H. A. Hare and H. R. M. Landis, editors. Vol. II, June, 1903. Lea Bros. & Co., Philadelphia.

Replete with the latest and best in surgery of the abdomen, in gynecology,



Diarrhea: For dyspeptics, or for mucous stools, or active piles, give anemonin gr. 1-134 every hour. Regulate by pulse.

Diarrhea: When it continues from relaxation, give quassin, calumbin, brucine or tannin, in small, frequent doses.

in which the subject of female sterilization atmocaustically and otherwise is freely and interestingly discussed, so too it is on the subject of the blood and ductless glands, hemorrhagic and metabolic diseases. So too it is on the subject of ophthalmology. It goes without saying that the "Progress" refers not to merely this country and England but to all the world.



*The Buckeye Doctor.* A Tale for Physicians and for Physicians' Patients. By William W. Pennell, M. D. Published by The Grafton Press, New York. \$1.50. Precisely "for Physicians and their Patients."

This absorbing, interesting novel is, more is the pity, just true to life as it is in many a country place of our light and humanity-boasting country. Just across the Buckeye great river the writer of these lines became disgustingly acquainted with some "physicians and their patients," whose moral, respectively im—, photographs Dr. Pennell has taken, developed and scientifico-artificially reproduced in the "Buckeye Doctor." The medical fraternity and their patrons the people, need much of this kind of "Medical Literature" for reproof, for correction, for instruction in righteousness, that he or she who is or may be sick, may be thoroughly furnished with the true state of things as they ought not to be.



*A Text-book of Legal Medicine and Toxicology.* Edited by Frederick Peterson, M. D., and Walter S. Haines, M.

Diarrhea: Feter of stools, flatulence, decomposition and fermentation, call for zinc sulphocarbolate always.

D. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Per volume, cloth, \$5.00 net.

The up-to-dateness of this work is securedly to fact that each subject is treated by a professional man, who has made that subject a special study, and in consequence of which study he was given practice in it by parties concerned. The special works of many of the contributors to this fine volume have been reviewed in these pages *cum laude*, well merited. The mechanical, material and artistic make-up of its volume is very substantial and pleasing.



*The Diagnosis of Disease of Women.* By Palmer Findley, B. L., M. D. Lea Bros. & Co., Philadelphia and New York.

An admirable monograph every way, keeping the blessed American mean between practice-neglecting science and science-neglecting practice. The general practitioner (I am tempted to think of time in the rural districts) will find in this monograph just that which he needs in this class of diseases, and which he will find nowhere else so extensively treated and so up-to-date. Nor will the specialist in and the teacher of gynecology be safely able to be without an acquaintance with this standard work. The 210 illustrations in the text and the 45 plates in colors and monochrome efficiently illustrate and elucidate what the author has to say. The mechanical extension of the book is in Lea Bros. & Co.'s best style.



Diarrhea: The dose of zinc sulphocarbolate is gr. j to v after every stool, thus automatically regulated to the need.

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

I want to learn always and I ask Dr. Burke, page 469 *Alkaloidal Clinic*, why he plugged Gertrude's nose with cotton saturated with Bovinine?

I fully endorse facts stated on pages 474-5 *Alkaloidal Clinic*, that the narrow pelvis and undeveloped or shriveling of mammary glands are signs of degeneracy. The cause is in mismating and the false law of church and society.

Doctor Lund, page 478, will help her female, who has the green or yellow cloud before her eyes, with small doses of digitalin, 1 granule 4 or 5 times a day, for a month or so.

A. T. D., page 493, will get relief from the excessive secretion of thick mucus from bichromate of potash.

3670:—"Acne," means a lack of sexual development, investigate cervix in female; glans penis in male.

3675:—"Ataxy," will be helped by manganum aceticum, small doses, repeated to saturation.

3677:—"Autotoxemia." After the laxatives use atropine 1-500 at the attacks of neuralgia; repeat each one-half hour till relieved, or throat too dry.

3678:—"Belching" will get relief from small doses of nitrate of silver in solution, taken before and after meals about one-half hour.

3684:—"Chorea." Give agaricin.

3690:—"Hystero - Epilepsy." Small

doses of bromide of potash 1-134 repeated each 3 hours when awake for a month or more, will surely help that woman; also get her married and no washing or enemas after her wifely privileges.

3691:—"Constipation, etc." Needs strychnine in small doses, kept up all through the day, every day for weeks and months.

3692:—"Debility, etc." Needs the mollus sepia in fine doses.

3697:—"Gall-stones." Use tinct. of cinchona, 5 drops in water at meals one-half hour before and after, and the alkaloids suggested at the attacks, if they appear.

3700:—"Gastralgia," will get help from *Ranunculus Schler.* (Crowfoot).

3701:—"Chronic gastritis, etc.," needs arsenic in small doses, or Fowler's sol. same way, and to stop tobacco absolutely.

3702:—"Infant marasmus." Use small doses of *calomel* and *rhubarb* each 2 hours for the mother, to correct the anti-toxemia, and restore the child to her bosom, and both will get well. This is absolutely correct. Repeat the remedies each day less frequently.

3705:—"Insomnia and Psora." Give sulphur in very small doses 4 times each day and every day, and *passiflora* if needed in the night.

3707:—"If wife is not relieved by the polypharmacy, and vegetarian and fruit



diet, try *Helloine* frequently repeated at the paroxysm but continue during the interim 4 times a day, *calculus* or *not*. Next remedy to that, is Red Root. Same way.

3709:—Acetate of lime, not stronger than 1-1000, will cure the leucorrhœa in 66-year-old woman, also relieve her of monthly flow without annoying symptom. *No local treatment*

3710:—Try tincture of cinchona, whether amyloid liver or not and see if it won't cure wife. Podophyllin granules for the bowels as needed.

3714:—Carbonate of potash in small doses—or sting of honey bee, same.

Don't think that such condition can't be cured. Carbonate potash in solution 1-1000—try it.

3718:—Use strychnine granules alone; if not better soon, turn to nux vomica tincture in water.

3724:—“Phthisis in 18-year-old maiden,” too much medication, Send her to El Paso, which has same climatic conditions as New Mexico and a moderate altitude. The mother or some one in the family is taking her strength magnetically. Separate them completely.

3726:—After you have “eliminated,” Doctor, use Glauber's salts, internally

and externally, and you will cure yourself, *eternally*.

3728:—“Lyssophobia,” needs lyssin or carbonate of baryta; and in this cure the hearing will be improved and possibly the speech.

3729:—If pilocarpine does not produce pulmonary œdema, or cure; give apis mel. 1-1000 to cure.

3733:—Doctor S. is clearly not a Hahnemannian, and hasn't learned what *pathies* mean. “Any physician uses what he considers best suited to the patient's case,” and that depends upon his actual knowledge and brain capacity.

3734:—If the glonoin and atropine don't cure, use agaricin granules, same way.

3757:—“Sciatica during pregnancy,” tie up the limbs each night in flowers of sulphur, and give granules of bryonin

JOHN F. EDGAR, M. D.

El Paso, Texas.

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REPORT:—My cystitis and posterior urethritis case is well; thanks to your suggestions.

T. M. S., North Dakota.

Good ammunition does the work if the rifle is well aimed.—Ed.

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### QUERIES.

QUERY 3844:—“Abdominal Pain.” Boy 12, pain in region of heart after each full meal, which continued for six months, now pain in stomach when anything is taken, even warm water, emaciated, can scarcely walk, by deep palpation a tender spot two inches above umbilicus and one half inch to left side, spot large as a quarter dollar and with a slight ridge; I think the tender spot is over the pancreas. Am giving him laxatives, emetin and heart tonics, at times seems convalescing, then more pain and

spitting up food. Is it ulceration of the stomach or chronic inflammation of the pancreas?

E. S. E., North Carolina.

I think that boy has swallowed a foreign body, a pin or needle, which is worrying him. I don't see what you can do more than you are doing unless it is to flush his colon a few times in hope that the irritating substance may be in the bowel and brought away in that manner.—Ed.

❖ ❖ ❖ ❖ ❖

Diarrhea: Chronic, typhoid, tubercular and mucous cases do well on the oxide of silver or of zinc, with diet.

Diarrhea: The silver salts are best in mucous colitis, but argyria is apt to occur when a dram has been given.

QUERY 3845:—"Amenorrhea." Young girl, 16, has never menstruated, general health good and appetite and complexion much better. I kept her on iron for a while and then gave her cohosh with iron and manganese, and a lot of other treatment to no avail. Please help me out.

R. L. M., Indian Territory.

If this girl is anemic put her on iron arsenate gr. 1-67 and senecin gr. 1-6 three granules, before each meal and on going to bed. If not anemic give the senecin with potassium permanganate gr. 1-6, one tablet four times a day, and in either case continue three months. Let the bowels be regulated by granules of podophyllin gr. 1-12 one at bedtime, and with patience things will come right. If, however, you note that symptoms indicating menstruation appear each twenty-eight days without any flow, you will have to examine as you may have a case of imperforate hymen to deal with.—Ed.

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QUERY 3846:—"Aphonia." Widow, 38, healthy except for aphonia, unable to speak above a whisper since husband's death, last April. Due to extreme nervous condition, and overexcitement at the funeral. Was two weeks in bed, prostrated, a hysteroneurasthenia.

J. L. S., Missouri.

In regard to your case of aphonia the first necessity here is change of air. Send the lady to the sea-shore—Atlantic City would do very nicely—and give her strychnine valerianate 5 granules gr. 1-134 each before each meal gradually increasing until her muscles twitch.—Ed.

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QUERY 3847:—"Appendicitis." Farmer, 32, periodic drinker, had appendi-

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Diarrhea: The new silver salt, collargolum, is claimed to be free from danger of argyria. Try it in mucous colitis.

citis four years ago; no trouble till four weeks ago, while shoveling dirt; pain increasing in severity, began in appendiceal region, down upper third of inner aspect of thigh; lost weight rapidly, pain constant and severe at all times, temp. 97 to 98, pulse 50 to 60; treatment strychnine arsenate gr. 1-130, every four hours, with little effect on vitality; hyoscyamine gr. 1-250 until effect, which made little impression on the pain. Suspect old adhesions as the cause now.

M. H. C., Michigan.

If hyoscyamine, strychnine arsenate, with high-up hot enemas and starvation do not cure this case, it should be promptly operated upon.—Ed.

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QUERY 3848:—"Asylums." Tell me of any good asylum for the insane with which you may be acquainted—a private one.

J. F. T., Iowa.

The best place I can suggest to you is Dr. Dewey's Sanatorium at Wauwatosa, Wis., or the one which is presided over by Dr. Frank Norbury, at Jacksonville, Ill. Write to both of them.—Ed.

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QUERY 3849:—"Backache." Man, 60, has had aches for years between shoulders; on stooping, hard to straighten up; cold feet, also hands lately; dyspnea, constipated, hawking up mucus, stomach bloats after eating, fauces red. Have used soda phosphate, Celerina for throat, Glyco-Thymoline as gargle, and douche for nasal tract, which did some good; calomel relieved hawking; but never brought bile; stools sometimes offensive; shins burn.

S. P., Louisiana.

This man's bowels should be thoroughly emptied by brisk cathartics accompanied by colonic flushing, then kept

Diarrhea: Rumin has been used for morning diarrhea, but look out for ulceration around the anus and promptly too.

open by the use of anticonstipation granules, which would also give tone to his bowels and stop the flatulence. His heart requires a tonic for which I would recommend sparteine, gr. 1-6 four times a day. Glyco-Thymoline is I think the best remedy in this case for nose and throat. Use with a Bermingham douche several times a day. The symptoms generally are due to autotoxemia and should be relieved by the treatment mentioned.—Ed.

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QUERY 3850:—"Bile in Urine." I send urine for examination. Woman, 60, quite fat, abdomen bloated, most in right groin, superficial soreness, heart weak, worse on taking cold.

S. A. L., Massachusetts.

The presence of bile and oxalates shows this to be one of those cases of digestive difficulty with involvement of the bile passages. I would recommend sodium succinate 5 grains four times a day to be continued at least six months and believe that this treatment will put the lady in excellent condition and prevent the development of gall-stone colic. Her diet and exercise should also be carefully regulated.—Ed.

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QUERY 3851:—"Catarrh." Man, 24, has catarrh of nose and throat, discharge expectorated of nauseating odor, tastes rotten; hearing partly lost after measles when a child, from involvement of eustachian tubes, otherwise well; the terrible odor makes him shun society.

T. S., North Dakota.

In cases of nasal catarrh, if you wish to succeed you must begin by regulating the bowels and making them aseptic.

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Diarrhea: Exhausting discharges have been checked nicely by the use of arnicin gr. 1-6 every hour or two.

Stop the excess of meat in the diet, then use Euarol and Camphoral with an oil atomizer, using one for a week then changing to the other, and you will get along nicely.—Ed.

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QUERY 3852:—"Codeine." Will codeine sulphate in overdoses produce the symptoms of morphine poisoning? A child in its fifth year, weighing 40 lbs., had just recovered from measles, and after being up three days was taken with violent pneumonia, usual conditions and symptoms of the severe type. I left six doses of codeine gr.  $\frac{1}{4}$  each, to be given at half hour intervals, should severe pain or restlessness occur. Five doses were given Sunday morning, the fifth an hour after the fourth. When the third was taken the child sank into a stupor, preceded by restlessness and extraordinary irritation of the skin. This the parents tried to allay by giving the other powders. I at once recognized a severe form of morphine or codeine poisoning, reflexes totally abolished, contracted pupils, slow stertorous breathing, and coma. Gave hypos of digitalin, strychnine arsenate and caffeine. Temperature 100, respiration 14, pulse 130 to 140, very weak and irregular. The symptoms gradually abated but the radial pulse ceased entirely, with a temperature of 99.8. Gave hypos as at first with atropine and whisky added. Next morning temp. was normal, but the child did not recognize its mother till that evening. The fever reached normal the evening of the seventh day. The codeine used was Merck's.

As the child regained consciousness he tore his face and body with his nails in an agony of irritation.

C. R., Indian Territory.

Codeine in large enough doses will produce toxic effects as well as morphine. This illustrates the importance of explicit instructions to the parents.

Diarrhea: Acute inflammations with pain and fever are subdued by bismuth subnitrate gr. v every half-hour.

The doses were too large for a child of that age, or even for an adult. One-sixth of a grain is more than we would give an adult every half hour.—ED.

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QUERY 3853:—"College matters." What medical colleges in Chicago admit colored students? Is any rebate given when a doctor takes six months' post-graduate instruction?

C. A. T., Kentucky.

All Chicago medical colleges admit colored students. You will have to ask the post-graduate schools about rebates, as each has its own rules.—ED.

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QUERY 3854:—"Cystitis." Young lady, 22, working where there was no closet, was compelled to hold urine all day; in a few months she began to have pain in region of the bladder and kidneys, general health began to fail and she came home; pain continued with frequent micturition, in the summer following she had a low form of fever with continued urinary difficulty; was treated for typhoid but no attention paid to the bladder trouble; she recovered from the fever but the other trouble continued.

In January was compelled to go to bed as there was a large discharge of pus in the urine. Treatment: Washing the bladder, some improvement but not permanent. When I saw her a month ago, temp. normal or a little below in the morning, from 100 to 102 in the afternoon, appetite variable, tongue normal in appearance except slightly coated at base, pulse 100 in the morning and 120 in afternoon, constipated, liver enlarged, urine heavily loaded with earthy phosphates, few gravel passed about the size of mustard seed, reddish yellow color, easily broken, perfectly round, urinating about every ten minutes, some pain in the median line extending above the

pubes, also pain above crest of right ilium, no menstruation. Gave her Triple Arsenates, 2 three times a day, 2 quassin gr. 1-12 before meals; arbutin gr. j, every four hours, with benzoic acid and salol each gr. 5 every four hours; fever continues. My diagnosis: chronic cystitis and pyelitis.

B. C. O., Colorado.

I agree with your diagnosis and also with your treatment, simply adding to the above about two to three weeks of calcium sulphide pushed to saturation. I would suggest, however, an examination of the urine for microorganisms.—ED.

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QUERY 3855:—"Cystitis." What is the best treatment for chronic cystitis, enlarged prostate and slight stricture of the urethra?

L. M. M., Texas.

Cure the stricture by gradual dilation or otherwise, and inject Euarol into the prostatic urethra and bladder twice a week for a month. It would be well if you could wash out the bladder with hot boric acid solution, and then inject a dram of Euarol. Give internally arbutin, grain 1-6 seven times a day.—ED.

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QUERY 3856:—"Dosage Problems." I have been taking the CLINIC for a year and it seems like six months. The CLINIC is all right. While I am an alkaloidist only to a limited extent, I think there is hope for me in the future.

The greatest objection to the method, to one not experienced in it, is the dosage. For instance, your directions are very frequently like this: Give one every 30 minutes till effect. You have not time to stay, and have no educated nurse. Is it safe to leave the average layman to judge the effects of active principle medication?

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Diarrhea: Lead acetate has astringency and sedation combined, but it has fallen out of use completely in late years.

Diarrhea: Infantile and phthisical forms are said to be benefited by helenine; adult dose gr. 1-6 in 24 hours.

In some cases I should think this a difficulty hard to overcome. What I am after is information. There is plenty of room in my gourd for "larnin'."

W. C., Kentucky.

I note with interest what you say about the dosage, but this is one of the greatest advantages in the use of the alkaloids; because the effect is certain and precise, consequently we can always tell whoever is giving the medicine just what to look for. For instance, in using atropine, the first effect is always dryness of the mouth, so we tell the nurse to give the drug until the mouth begins to dry. Aconitine or veratrine we direct to be given until the fever breaks, and surely anyone qualified to give medicine understands what that means. Emetin may be given until nausea begins; hyoscyne until sleep ensues, and so on. All that is necessary is that the doctor understands what the medicine is going to do. No system ever invented goes so far in doing away with the necessity for trained nurses, excepting homeopathy, where it does not make any particular difference when the medicine is stopped. The difficulty lies with the physician who has been accustomed to the old-fashioned helter-skelter medication.

To a child beginning pneumonia we can give aconitine or veratrine. If the pulse is weak, however, I would prefer the Dosimetric Triad, aconitine, digitalin and strychnine arsenate, first clearing the bowels and rendering them aseptic.—Ed.

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QUERY 3857:—"Dysmenorrhea." Is it necessary to curette the uterus in order to obtain permanent results in using Outerbridge's dilator? My patient suffers terribly during menstruation, owing to closure of the internal os. There

is no flexion. She has been relieved by cicutine, gelsemin, anemonin and glonoin, which worked like a charm.

I find the practice of medicine according to alkalometric principles a source of continual pleasure to myself and satisfaction to my patients. In the hospital we invariably curetted and then introduced an aseptic, hard rubber stem, which was retained in place for three weeks, and mechanical dysmenorrhea troubled that patient no more. But it is a dangerous thing to do. My patient has had the cervix dilated to fullest extent several times, only to have the same trouble again in a few weeks.

E. B. G., California.

I don't see why you talk of curetting the uterus. If endometritis is there apply Euarol on a cotton-wrapped probe as often as possible for a month. Then use Outerbridge's Uterine Speculum. I have no doubt whatever that your case will be cured in this manner.—Ed.

✽

QUERY 3858:—"Dyspepsia." What would you recommend that will meet most of the requirements in indigestion and dyspepsia?

What will cure habitual constipation and not aggravate rectal disease?

J. R. E., Tennessee.

The Compound Manganese tablet is specific for heartburn and waterbrash. It contains cerium oxalate, bismuth salicylate, sodium carbonate and manganese binoxide. The French Digestive tablet is a good one, containing strychnine arsenate, quassin and papayotin. An older favorite is the Pepsin Compound, containing pepsin, nux vomica, capsicum and ipecac.

As to habitual constipation, the very small dose of aloin in Waugh's laxative granules acts as a tonic to the rectal tis-

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Diarrhea: The only indication for morphine is to allay excited peristalsis, and the remedy is more dangerous than the disease.

Diarrhea: In chronic obstinate cases in elderly persons copper sulphate gr. 1-12 every two hours is an admirable remedy.



sues, and when this remedy is used in accordance with his directions it cures both constipation and hemorrhoids. But if the piles are very active, use the Buckley Sulphur Compound, which also contain nux, podophyllin and collinsonin.—Ed.

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QUERY 3859:—"Enuresis." How do you give cantharidin? I am anxious to give it and strychnine phosphate to my case of bed-wetting.

R. D. B., Oregon.

Cantharidin, in the granules containing gr. 1-5000 each, should be given one every half to one hour until slight irritation of the urinary passages begins. Possibly the irritation may first be shown in the bowel, so it is said, though I have never known of a case. The curative effects are most manifest just before the irritation point is reached. It is a good remedy, the action closely resembling that of rhus. However, in ordinary cases of enuresis I have found the local use of Euarol most satisfactory.—Ed.

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QUERY 3860:—"Erythema." Man, 33, wedded 10 years but no children, was a farmer but now theological student, never used alcohol but much tobacco, has had three attacks like this in two years. Begins with a chill, then fever, headache, sometimes a cough, nausea, chills for three days, on the third a rash appears on hands and feet, rarely also on chest; may resemble measles on one hand and scarlatina on the other, and the shotty preliminary rash of smallpox on the foot all at the same time. In ten days the skin peels thickly off the hands and feet, leaving a bleeding surface somewhat resembling that left by removing diphtheritic membrane. The nails of hands and feet drop off. When the

rash appears there comes a membrane in the throat similar to diphtheria or croup. Sometimes the attack recurs in a few weeks. His bowels are normal.

C. W. G., Iowa.

Dr. Maury once said that most cutaneous diseases were syphilitic and the rest were eczema. But that does not constitute a diagnosis nowadays. The case looks syphilitic from the multiform lesions, and the absence of itching, but there should be other evidence if this were the case.

This case is a rare one, but I have known of several like it. Under the old system it was an unsolvable puzzle, but we now recognize it as due to a periodic autotoxemia which can, I believe, be comprehended and the attacks foretold by a study of the urine. I am pretty sure you will find the urine becoming unduly toxic or the renal elimination falling off previous to an attack, and that the attacks can be warded off by regulation of the renal excretion. My advice therefore would be that no attempt at medication be made but a regular laboratory examination of the urine at least three times a week for a month or two, or until at least one attack has passed over. In the meantime the regulation of the bowels and the alimentary canal, of the diet, and exercise, in fact the application of the well-known rules of personal hygiene are all I would feel free to advise.—Ed.

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QUERY 3861:—"Formula." What is the formula of Bromo-Seltzer? I have a patient who uses a great deal of it, and want to know if it contains any habit-forming drug.

W. S., Louisiana.

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Diarrhea: Chronic cases with relaxation may be helped by the use of ergotin gr. 1-6 every hour, or larger doses less often.

Diarrhea: In chronic cases with feeble intestinal tissues, barosmin has sometimes been used with advantage.

If anyone knows the formula we would be glad to publish it. You can easily test for morphine by adding a little iron chloride free from uncombined HCl, and note if there is an apple green tinge, which indicates morphine.—Ed.

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QUERIES 3862-3:—"Gastralgia." Mother, 35, two children, husband died suddenly, suffered great shock, lost weight, intense pain in epigastric region almost continually, lessened under tonic treatment, severe after worrying, menses stopped from April to November, now regular but very profuse, no appetite, tires easily, no constipation, brunette, with a very impulsive, mercurial disposition.

"Dysmenorrhea." Woman, 24, did not menstruate until 17, always goes over time two weeks and longer, great pain before the flow begins, profuse the first day and lasts two to three days; leucorrhea, dark and bad odor, severe headaches; has a goiter which doctors advised to let alone and it is diminishing in size, has aching and swelling of the legs, eyes ache, perspires freely, tongue coated, urine dark.

M. W. A., Michigan.

In your first case I would advise cypripedin five granules four times a day, which will act as a general tonic, as a nervine, and also check the disposition to irregular and profuse menstruation. I wish I had in stock a good husband for that lady, who could take the burden of life off her weak shoulders and care for her as she needs. This epigastric pain will be relieved by hyoscyamine, by the application of mustard over the pneumogastric nerve in the neck, possibly by a grain of iodoform. If acid, by a pint of hot water with a teaspoonful of soda in it, and sometimes by a bowl of

hot clam broth. Your description indicates a gastralgia rather than gastric ulcer, but either may explain the symptoms. I rather favor the clam broth, however, as she improved under tonics.

In your second case give senecin three granules before meals and on going to bed, adding one or two granules of gelsemin when the head aches or there is pelvic distress. Yet I am in some doubt as to this case, as caulophyllin may do better, in doses similar to that of the senecin. On account of the goiter and tendency to swelling of the legs add to the above berberine gr. 1-6 four times a day. The bowels should be kept regular with Saline Laxative. The above treatment would check the disposition to perspiration and that should wash out the kidneys somewhat better. She must not drink iced drinks of any kind. The treatment should be kept up at least three months as improvement would be gradual.

I would be glad, Doctor, to give you any further assistance in my power. Like you, I find it difficult to prescribe for patients I have not seen, yet as thousands of these cases come to me every year I sometimes manage to hit the right thing.—Ed.

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QUERY 3864:—"Gastritis." Man, 56, uses no tobacco or coffee, takes whisky regularly in moderation, complains of pains shifting from legs, side, back and breast, very severe, sleeps well early part of night, then disturbed by dreams and gastric pain; appetite good, cannot eat strong food such as meat, potatoes, cabbage, pumpkin, sweet potatoes, cooked tomatoes or oatmeal; tires easily in legs and back, short of breath, stomach pain almost constant, also right breast or

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Diarrhea: Relaxation in chronics is usually helped by tannin, but sometimes geranin agrees better, or cadmium sulphate.

Diarrhea: Cotoin is said to be specific for tubercular cases, but calcium sulphocarbonate gr. lx daily is better.

lung; chills easily, cannot bear cold well; bowels usually regular or slightly constipated, occasional trouble with bladder, rises twice a night to urinate, legs often have quivering sensations, knees get stiff, lost 16 lbs. since January; nervous at times and from excitement; somewhat deaf for some years.

J. S., West Virginia.

This man's digestion is playing out and his stomach is catarrhal. Begin with his diet. Cut out all rich and strong food, iced drinks, ice cream and sugar. Let him have light, nourishing, easily digested food, and limit the quantity he takes at each meal to eight ounces. He must eat his food dry, chewing it thoroughly. The diet must be arranged to include all the varieties of food needed, avoiding an excess of either. After eating his meal he is to have eight to twelve ounces of hot oatmeal gruel as a drink, without sugar but with salt, and if he wishes, a little butter or cream. This should be strained. He should have a bowl of clam broth or some other clear strained soup with not more than four toasted soda crackers on going to bed. With each meal give him 20 drops of diluted hydrochloric acid and three granules of papayotin to start digestion. You must forbid absolutely alcohol in every shape as well as coffee and tea. One hour before each of his four meals, give him three granules each of silver oxide gr. 1-12, juglandin gr. 1-6, and one granule of copper arsenite gr. 1-100. After ten days drop the silver and substitute one grain of zinc oxide, continuing this treatment for one month. If there is much mucus in the stomach, or pain, let him have half a pint of hot water with each dose of the above, that is, one hour before each meal. If he has bad breath

or offensive stools or flatulence, add to each dose of the above two W-A Intestinal Antiseptic tablets. If the above does not relieve the constipation add to each dose three granules of euonymin gr. 1-6.

This man will recover, with two provisos: The first is that the case has not developed into a cancer of the stomach. The second is that he will follow the directions as given and submit to the rigid enforcement of the diet. If he is unwilling to do this for the sake of his health you had better not undertake the case, but let somebody else make the inevitable failure.—Ed.

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QUERY 3865:—"Hematemesis." Maiden, 18, hematemesis for a year, vomiting large quantities of blood, at times bright red and sometimes dark, oedema of the feet, painful and scanty menstruation, spleen enlarged, slight tenderness in epigastric region. Am satisfied that she has had a miscarriage and now has gonorrhea, temp. normal, lungs negative though there has been a dry cough.

J. P., Virginia.

You had better commence in this case by asking if she possibly could have hookworms. If so, give her half a dram of thymol at 8 a. m. repeated at 10, with a dose of oil at noon and note the results. Otherwise I would say that this is a case of vicarious menstruation to be treated by giving an active emmenagogue each night for three nights preceding the next menstruation, so as to establish a free flow there which will relieve the stomach. In the intervals keep her bowels regulated with anticonstipation granules, which will also check the tendency to hemorrhage from the stomach and favor freer menstruation. If she

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Diarrhea: Teething, chronic, tubercular, wormy, and other cases requiring antiseptics, do well on thymol.

Diarrhea: Croton oil in doses of gr. 1-134 every hour has been advised to relieve the colic—looks homeopathic, doesn't it?

has gonorrhea as you suspect, saturate her with calcium sulphide, giving seven grains a day, and keep up saturation for two weeks. This treatment I have found very effective—more so than any direct treatment for ulcer of the stomach. The case is so peculiar that I hope you will write to me further about it.—Ed.

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QUERY 3866:—"Hematuria." A young teacher had influenza two months ago, followed by dark urine; no bacteria but fresh blood, from bladder or urethra, no tenderness on catheterizing, no symptoms, feels well.

S. H. R., New York.

This is a case of what we sometimes, for want of a better name, call vesical piles. The hemorrhages come from the neighborhood of the neck of the bladder where the veins are dilated and hemorrhagic. Keep the bowels clear by a morning dose of Saline Laxative and give internally hydrastine, grain 1-67, every two hours during the day, and continue it for one month.—Ed.

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QUERY 3867:—"Jaundice." Mother, 27, had catarrhal jaundice last year, much soreness over liver, jaundice became intense, no hepatic colic; cleared up under treatment in two weeks; several light attacks since; a severe one six weeks ago, intense jaundice, some fever, controlled by quinine in five days; since is barely able to rise, jaundice lingers in spite of salines, quinine, phosphates, etc., anemia becoming very pronounced, bowels flushed by salines, kidneys pouring out bile salts and coloring, urine stains chamber, menses regular, otherwise well.

M. D., Texas.

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Diarrhea: When an antiseptic astringent is needed, we have carbolic acid, creosote, menthol, eucalyptol, naphthol, salol, resorcin.

It may be gall stones but is more likely infective cholangitis. Give her sodium succinate gr. v, boldine gr. 1-67, and dioscorein gr. j, together before each meal and at bedtime, and continue for six months. And as plenty of us will watch this case with interest, be sure and report.—Ed.

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QUERY 3868:—"Journal." I see by the June CLINIC that the *International Medical Magazine* will publish a symposium on Hyperchlorhydria. Where can I obtain this journal? The CLINIC suits me but I want more light.

F. D., Ohio.

The *International Medical Magazine* is published in New York City, 241-243 W. 23rd St. It is a good journal and well worth the subscription price.—Ed.

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QUERY 3869:—"Leg Ulcers." Woman, 44, half through the menopause, has a dozen ulcers the size of a dime from the ankle to the knee; one appearing then another, very red, weeping, painful, and will not yield to treatment. Appetite good and bowels regular, but kidneys not very active, 480 to 520 grains of solids, about half there should be. Is renal insufficiency the cause of the trouble and what remedies will increase the diuresis? Health poor, back and hips rheumatic, fingers and wrists tender and swollen, and with all the urine is cloudy. If she gets better of the rheumatism she becomes lunny, and when her mind clears, the rheumatism appears.

A. B. B., California.

I think the renal insufficiency is the cause of the ulcers, and would advise you to give her ten drops of dilute nitric acid in water before each meal and seven granules of boldine a day, stopping the

Diarrhea: Picrotoxin has been recommended for chronic forms. Try it and follow with physostigmine gr. 1-250 t. i. d.

use of meat and other nitrogenous foods as rigidly as possible, and give an abundance of water. Add to the above cicutine hydrobromate from 3 to 7 granules a day, and a full dose of Salithia, preceded by 1 or 2 granules of podophyllin at bedtime.—Ed.

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QUERY 3870:—"Location open." There is a fine opening for a good, strong man, at the place I have just left. The drive was more than I could stand. Fine roads, large country practice, village of 400, pay 95 per cent. good. I was there 11 years. Came here to do office work. If anyone wants a No. 1 country practice he wants to be getting there, as some one will be dropping into it. Nothing to buy, and work from the start. The place is Victory, Cayuga Co., N. Y.

W. W. DAWLEY, M. D.

Richfield Springs, N. Y.

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QUERY 3871:—"Lumbago." I send a sample of urine, quantity passed in twenty-four hours being a little over two quarts. Patient is a blacksmith, never sick in his life, no venereal trouble. Came to me for sciatica, so painful that it interfered with work. Urine concentrated and specific gravity high. No albumin or sugar. A hearty meat eater. Stopped all meat, lessened sugar and starch, gave Saline in morning, rhus tox, one granule every two hours and used the Betz hot air bath. Kept at work but gradually got worse, went to bed for two weeks. Examination still showed specific gravity to be high. Added Alkalithia before meals and kept up baths. Pain gradually centered around kidneys and was not relieved by cupping or much by the baths. Some pain over course of right ureter. Felt better last week and commenced work on Monday. Tuesday had to shut shop, and although pain is not as bad as

before I have persuaded him to stop all work for a while. It is not painful to pressure but if he sits still for a while he has difficulty in getting out of a chair, or out of bed in the morning, but after moving around for a little it is not so bad unless he gets into a certain position. Kindly tell me your treatment for this as I have tried everything recommended for this trouble and begin to think I don't know anything anyway.

C. A. S., New York.

The high specific gravity of the urine with the presence of bile and oxalates are significant. This man should be very moderate in the use of meat, and should have dioscorein gr. 1-6, five granules, and boldine gr. 1-67 one or two granules, before each meal and on going to bed. Add to each dose copper arsenite gr. 1-100 and one intestinal antiseptic tablet. This should cause a disappearance of the oxalates and bile. The pain in the back is myalgic, and probably due to the strain of the muscles. If you take a faradic battery and go over the back with the negative pole you will find some muscles contract painfully. Faradize these with the positive pole, and let the man wear a bandage or brace which will give the muscles rest. Massage with hot goose grease will also do the muscles great good. Quick relief will follow the use of ammonium chloride 20 grains every eight hours, followed by macroton gr. 1-6, about 5 granules three times a day.

The remedies for the liver first named should be continued at least one month, and probably three to six. It is doubtful if he will be able to carry on his work of a blacksmith unless you can brace his back so as to prevent the strain falling on the same muscles.—Ed.

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Dementia: Stimulate the absorbents and metabolism by mercury, gold, platinum, arsenic, the iodides of each or all.

Dementia: Stimulate the vital forces remaining with the powerful agents, phosphorus, zinc phosphide and strychnine, arsenate.



QUERY 3872:—"Milk-Leg." A young woman, 29, full habit, taken April 27, 1903, "puerperal convulsions," albuminuria. Dr. M. was called, found patient in 8th month gestation, mustard plasters to extremities and cold to head. *Nothing was done by him*, but after waiting 24 hours, a few convulsions having taken place, labor began and a large, healthy baby boy was born dead. He visited the patient every day, gave her Basham's mixture and strophanthus, for the albuminuria and as a diuretic. On the 4th day the breasts were enormously distended, so much so that the milk flowed freely. He then bathed the breasts with camphor and belladonna and at once proceeded to bandage the breasts without emptying them. Like a flash the patient felt severe pain and fullness in and through the whole breasts and chest; the next morning she felt it in her bowels, then in the groin, and so down the leg and foot. She asked him what caused the pain in her chest and he told her pneumonia had set it, and treated her accordingly. At the 10th day the husband asked Dr. M. to call me in. I found her with a temperature 104, pulse 110, urine heavily loaded with albumin. She had had several sleepless nights and days. I also found a severe case of phlebitis had been set up, due in my mind to the brutal new fad of bandaging, characterized by swelling, pale or sallow color, and like a dead limb, severe pain and swelling of the femoral vein. I advised Dover's powders to secure rest and freedom from pain, aconitine for the phlebitis, Triple Arsenates for tonics, and rubbing and bandaging the limbs. This treatment has helped her onto her feet and cleared the urine of albumin. The pain and disturbance all gone except toes, dorsum of foot, and a little above the right ankle. I stopped the former treatment and gave her iodoform 3 granules, biniodide of mercury 3 granules and iodide of arsenic 1 granule, before meals and at bedtime, fomented the parts with sulphocarbonate of zinc; but

faithful attention and reasonable time have elapsed and no improvement. I have her ride out and exercise cautiously.  
H. M. I., New York.

The bandaging had nothing whatever to do with this case. The inflammation of the lungs and the phlebitis were only too likely to occur in the toxic condition of her blood. The first remedy the woman needed is veratrine, to be pushed to full effect and kept there, and most assuredly I should apply also mercurial ointment over the inflamed veins. Your treatment was certainly a good one, however, and it was fortunate that you were called in. In fact my remarks as to veratrine apply to the previous stage of the illness. Continue your internal treatment of iodoform, biniodide of mercury and iodide of arsenic, adding to it phytolaccin, pushed up to its full toleration, keeping the bowels clear with Saline Laxative and aseptic, adding veratrine if the pulse indicates it. Apply Crede's Silver to the breasts if still inflamed and enlarged. If there is abscess in the breast of course it should be opened.—Ed.

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QUERY 3873:—"Milk-leg." In 18 cases of childbirth where the milk dried up phlebitis developed in from three hours to five days, and I could see no condition of the womb to cause it; placenta healthy, vaginal and other discharges normal in quantity and quality. I insist upon antiseptics being used and could see no cause for septic or toxic poison. In twelve cases where the milk was dried up, upon its reestablishment the disease of the veins was greatly lessened and the disease materially shortened. Never have I had a case of phlebitis where the secretion of milk was not interfered with, therefore I feel there is some connection between the

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Dementia: Begin with strychnine gr. 1-20, every four hours, and increase till the fullest effects are manifest.

Dementia: You need not look for much or any effect till your doses have far exceeded those usually given.

milk of the first few days and this disease. I have never seen phlebitis as a complication or following albuminuria.

H. M. I., New York.

The general view seems to be that in this case the phlebitis is the cause of the drying up of the milk, and the reappearance of the milk is due to the subsidence of the inflammation. Some time ago there appeared in the CLINIC an important article by Dr. Lanphear, on the various infections of the uterus, showing that some of these are not attended with fetid discharge.—Ed.

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QUERY 3874:—"Nephritis." What is the best treatment of chronic nephritis? How shall I treat a case of nephritis in pregnancy? Woman, 26, first pregnancy, convulsion at third month, urine loaded with albumin, weak; otherwise well.

E. A. L., Massachusetts.

Put your pregnant woman on a diet of fresh buttermilk, two quarts or more daily, keep her bowels and kidneys fully up to their work, and make examinations of the urine every week. If care is taken there is no more danger of eclampsia than in a non-albuminuric case.

In ordinary cases the milk diet should be used to the exclusion of all other foods. It is best taken hot, and should be sipped slowly, one-half glass being given every four hours night and day. The albumin decreases, and after it has entirely disappeared the milk diet should be continued for a month, when it may gradually be enriched by the addition of ripe fruits. In another month dry fruits, stewed, bread toast, and plain farinaceous dishes may be added. An abundance of pure water should be given. As a diuretic sodium acetate or benzoate, arbutin, barosmin, digitalin,

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and aconitine. For the headaches, caffeine valerianate, cicutine; and for any uremic symptoms Saline Laxative and pilocarpine. We refer you to the "Treatment of the Sick" for full details of treatment.—Ed.

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QUERY 3875:—"Neuralgia." Mrs. B. was taken last October with a very severe pain in the back of her head, of a boring character, which would suggest neurasthenia. Following that came a severe pain in the left arm. She is very slight, never weighed over 93 pounds. Dr. Dana thought it was neurasthenia. The pain was of such a character we decided upon an exploratory operation. Cleveland and Walker operated, and they found some slight adhesions of the intestines. They removed the left ovary, though it was not diseased. There was a badly diseased appendix and a small fibroid in the uterus, also a cyst on the left ovary. She had to some extent acquired a morphine habit, but after the operation she soon passed out of that without any trouble, and for several weeks, this being in December, during which she improved in general health, there was no return of the pain. Then suddenly the pain came on in the left side and has continued recurring each day. There is nothing in the world that will give her relief but morphine, and to-day the paroxysm continued so long under ½ gr. morphine that we gave her a few whiffs of chloroform, which stopped the paroxysm. It is not necessary for me to tell all that has been done for her. In the first place she is very weak, and while she takes considerable nourishment yet not enough to overcome this condition, which seems a pure enteralgia. I have not tried arsenite of copper or Nuclein solution, and would like some advice as to what to do. She certainly has had the best advice the profession in New York could offer. The bowels have been kept washed out and

Dengue: A full dose of pilocarpine to cause sweating at the outset may succeed in breaking up the attack—jugulation!

Dengue: A full dose of picrotoxin, muscarine or physostigmine, at the outset, may jugulate the attack like pilocarpine.

regular in their movements. Everything else seems normal with the exception of this diurnal pain. I consider it a neuralgic condition, and all I can find out to do is to force nourishment, and avoid morphine for fear of habit.

A. J. B., New York.

In this case I can only lay down general principles. In the first place, note whether the elimination through the kidneys is sufficient. Next, look to the heart as the source of trouble, and you will probably find a course of cactus advisable. Third, to relieve the pain, one granule each of hyoscyamine, glonoin and strychnine arsenate, repeated every ten minutes until the hyoscyamine effect is manifested in dry mouth or flushed face. To break up the neuralgia habit, zinc phosphide gr. 1-6, iron and quinine arsenate gr. 1-6 each, strychnine arsenate gr. 1-30, to be given together before each meal and on going to bed, dropping out the phosphide at the end of a week or ten days, and lessening the doses of the arsenates when irritation of the eyes necessitates, otherwise proceeding with the treatment for a good while.

I believe you will find the combination above named much more effective in relieving the pain than the morphine; but you must remember that when a patient has taken morphine as a pain-reliever for some time, it is very difficult to obtain relief from anything else, at least for a time.

I shall be glad to hear from you again and give you any further assistance in my power.—Ed.

QUERY 3876:—"Neurasthenia." What is best for the nerve storms of a typical neurasthenic? Woman, 35, splendid apparent health, farmer's wife, two chil-

dren, six years ago suddenly broke down, now once or twice a year a flock of abnormal sensations that constantly nag her increase markedly in violence, and sleep and eating are quite broken up. No definite cause found, even on consultation. No relief from treatment, spells gradually abating in some weeks. S. H. R., New York.

These nerve storms may be uric acid storms; or the kidneys gradually falling behind in their work the accumulation must be worked off by a great effort. Or there may be something in her family relations that is worrying her. Sometimes women do not tell all they know or think, even to their doctor, but wait till he catches on of his own accord.

Anyhow, give her cypripedin to steady her nerves, veratrine to eliminate if needed, regulate diet and bowels, and give cicutine hydrobromate a granule every half hour when she has a fit.—Ed.

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QUERY 3877:—"Neurosis." Woman, 46, had influenza in March, with pleuropneumonia; then began getting at night a queer sensation in the popliteal space, sweat started there and spread all over her body, saturating bedding; recurred several times a night, later by day as well, must lie flat on back, if she moves to either side the spells come at once, with palpitation, sharp stitching cardiac pain through to spine, but this subsides when she lies on her back. Tonics with a little sulphuric acid helped the sweating much, but it still reappears if she lies on the side, with the pain and palpitation. I think her vaginal prolapsus has nothing to do with the case. No heart lesion discoverable. Frightened by a dream a year ago and thinks her heart affected since then.

C. B., Wisconsin.

Now, Doctor, whenever a woman shows any neurotic disturbance what-

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Dengue: A full emetic dose of emetin or hypo of apomorphine gr. 1-10 may jugulate the attack at the outset.

Dengue: For the fierce pain and delirium, a dose of morphine with gelsemine or hyoschine hyd., will relieve.

ever, please do not say that a prolapsus has nothing to do with it, but replace the prolapsus, and retain the organs with a well fitting supporter, and treat anything else which you find to treat. Then give her macrotin gr. 1-6, three to six granules to steady her nerves, because of her age, and to strengthen her heart; cypripedin to allay the sexual unrest common at this period, five granules, gr. 1-6; and anemonin gr. 1-134 three granules, to remove the sense of apprehension. Give each of these before meals and on going to bed.—Ed.

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QUERIES 3878-79-80-81:—"Nuclein." How would the addition of Nuclein to Sanguiferrin work on convalescents from typhoid and scarlet fevers?

"Calcium Iodized." How long will calcium iodized tablets retain their virtue? Will tight packing preserve them?

"Book." When will your own therapeutics be ready for delivery?

"Diagnosis." What is the best moderate priced work on diagnosis?

M. Z. M., Ohio.

I don't like to mix nuclein with anything else. It is best given alone, as we are uncertain as to the effect of other medicines upon it.

As now prepared by the Abbott Company calcium iodized tablets are quite permanent and stable.

I don't know when the therapeutics will be completed.

I know of no little work on diagnosis which is worth anything at all. Da Costa's or Musser's I would recommend.—Ed.

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QUERY 3882:—"Orchitis." Man, 38, married 18 months, left testicle swollen

and tender. Antiphlogistine was used with temporary improvement. Having had good results in other cases of orchitis from pilocarpine I used it, applying locally an ointment of iodine, ichthyol, mercury and belladonna; the swelling and tenderness soon subsided, and the epididymus softened somewhat. The pain almost left his groins. But during treatment the right testicle enlarged, and the lower end of the epididymus hardened. The induration continues. Claims he never had any venereal disease. Wife had leucorrhea, mild. Bladder was at first irritable; has worn suspensory six months.

Another case has orchitis, several times, from strain at first, left epididymus enlarged six months ago; some better.

Third case man, wife miscarried, ran down, had leucorrhea, husband contracted urethritis, too mild for gonorrhea, kept at work; much lifting; recent mild orchitis.

J. E. B., Maine.

Apply the India-rubber bandage and push the sulphides to full effect. I strongly suspect an infection and a bacteriologic examination of the urethral discharge is in order. You can hold thiosinamine in reserve. Probably a steady course of arbutin, about 1½ to 3 grains a day continued several months, would be a very valuable addition.—Ed.

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QUERY 3883:—"Pain." In query 3748 you say, do not give opiates for pain. What shall I use? My daughter suffers fearfully with risings, up and behind the posterior nares, in the eustachian tube and in the external ear; they come when she takes cold and the pain is very intense. Bromide, Bromidia and chloral do no good. Am now using hyoscyamine, aconitine, gelsemin and glonoin one every hour.

G. R. G., Tennessee.

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Dengue: The fever should be controlled by a sufficiency of veratrine, if the pulse and eliminants show the need.

Dengue: If the pulse and eliminants do not indicate veratrine, give aconitine alone or with digitalin, perhaps strychnine.

Keep your daughter's bowels clear and aseptic and she will not take cold so easy. When the "rising" takes place, saturate her with calcium sulphide as quickly as possible, using the hot applications externally. I think the seashore would be the best place for her; also she ought to have an antiseptic for use in the nose and throat regularly, so that any time a wandering band of microbes alights there they will receive proper attention before they can do harm. My choice would be for Euarol to be used with the oil atomizer every night and morning, first cleansing with Glyco-Thymoline.—Ed.

■

QUERY 3884:—"Palpitation." Boy, 13, has palpitation, worse on retiring, beating seems to shake entire body; peculiar anxiety attends; well nourished and strong, bashful, masturbator; had similar attack last fall, then thought to be chorea but probably extreme nervousness, recovered on arsenic in a month; this time not so nervous but palpitation worse.

T. M. S., N. Dakota.

Clear out his bowels, keeping them in good order. See if there is any cause of reflex irritation about the rectum or genitals, and pass a bougie into the urethra. If you find it tender inject a few drops of Euarol twice a week. Give him a little veratrine, a granule three times a day, when his heart is troubling him. But the remedies for him are cypripedin and macrotin three to five granules, each gr. 1-6, before meals and on going to bed.—Ed.

■

QUERY 3885:—"Paralysis." Widow, 74, weighed 218 lbs., well till 10 days ago when she went to bed well, and

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Dengue: The pain in the joints may be controlled by macrotin, added to the veratrine or aconitine used for fever.

next morning was surprised to find that her legs were paralyzed. The arms were also somewhat weak, but not like the legs. Pulse 84, respiration 20, temp. 98.6, heart and lungs normal; urine s. g. 1020, acid, no albumin or sugar, normal in quantity and appearance. Gave her salines, and strychnine gr. 1-60 every 4 hours, then three times a day. She is in bed, without pain, fever or suffering, the arms better. Says she will soon die. Have applied strong mustard to neck, hips and legs; the latter are not cold.

A. D., Manitoba.

I think in this case there has been a serous effusion into the meninges of the spinal cord. I would recommend as a treatment, free purgation, vigorous massage of the entire body every day, and strychnine pushed to the production of full effect, giving the hypophosphite gr. 1-134 six granules every two hours and increasing it until decided twitching of the muscles occurs.—Ed.

■

QUERY 3886:—"Paralysis." "Man, 45, temperate in all things, no alcohol or syphilis, father was paralyzed, and died a mental wreck; patient studious, book-keeper, 5 years ago had a stroke of paralysis, right side; regained perfect control, a year later began to be fidgety, found work an effort, neglected it and annoyed fellows by going out and in rooms, began to complain of pain in the left side of the head, across the forehead, insomnia, waking at 2 a. m. and arousing the family to keep him company; lost ambition and energy, and all interest in his personal appearance; will suffer from thirst or cold without moving to get water or fix the fire; doubts affection and fidelity of family, will break off in the middle of talking and go home and lie down quivering, but never losing consciousness but calls for a doctor and morphine; though positively not a fiend; if a friend arrives during an at-

Dengue: In the sweating stage, great relief is had and strength preserved by atropine or agaricin in dose enough.



tack he will be all right at once; these attacks become more frequent; has lost flesh, liver enlarged and hard, very constipated; has been the rounds, city, quacks, etc. All other organs normal; threatens suicide; can add figures rapidly and correctly.

J. V., Tennessee.

This is an excellent case in which to apply the CLINIC doctrines. Clean him out, Doctor, by brisk cathartics and colonic flushings, keeping it up until he is thoroughly emptied, then keep him clean with an evening dose of Eclectic Hepatic tablets, and a morning one of Saline Laxative. Then begin with your absorbents to remove the relics of that old paralytic stroke: Mercury biniodide 3 granules, phytolaccin 3 granules, before each meal and on going to bed. Continue for months if necessary, and then wind up with zinc phosphide and strychnine in full doses to stimulate the weakened nerves. But from first to last keep that man's bowels clear, for the moment you let up they will clog up again. Doctor, do not promise anything in the case, because the prognosis is uncertain. You do not know how far the disease of the man's cerebral tissues has gone, and if some of it has been destroyed you cannot make new brain cells.—Ed.

✽

QUERY 3887:—"Peritonitis." History of case: Specimen passed by bowels; for three months previous temperature 100 a. m. to 102 and 103 p. m. Pulse 80 to 100. Two years ago pleuritic effusion. Aspiration, apparent recovery three months ago, ascites developed; aspirated three different times from 1 to 3 pints at each aspiration; straw-colored fluid drawn off. A short time after the last aspiration a large amount, 1 to 2 quarts, of pus material passed by bowels

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Dengue: In convalescence the tonic arsenates of iron, quinine and strychnine, singly or combined, are needed.

and has continued to pass from 6 to 12 ounces each 24 hours since. Temperature 100 a. m. to 103 p. m. yet. No cough; anorexia, losing flesh. I believe it is a tubercular peritonitis with opening into bowels. I believe a laparotomy is indicated.

E. L. H., Iowa.

It certainly looks as if you were right, and if so a laparotomy is indicated on account of the great improvement which has followed in similar cases.—Ed.

✽

QUERY 3888:—"Pleurisy." I send some pleuritic fluid removed by aspiration from the left side of a woman, 32, mother of four children, now pregnant, expects confinement in about three weeks. April 14 had pneumonia, temp. 104.4, no unusual symptoms, gradually improving for next two weeks and about the time resolution was well under way she was taken with smallpox, contracted from her children who had it when I was first called. The smallpox retarded pneumonic resolution and after recovery from smallpox I found an effusion in the left pleural cavity; improvement very satisfactory until June 10, was called hurriedly as patient was breathing rapidly and presented symptoms of heart-failure; found another effusion and removed a second quart of fluid. I fear tuberculosis.

At present, no cough, urine scanty, bowels in fair condition, heart action weak, emaciated.

E. L. B., Wisconsin.

The specimen did not contain tubercle bacilli. I would advise the use of calcium sulphide in this case, and echinacea, both pushed to full dosage, the bowels being kept clear and aseptic. This is all I feel free to advise at present. Of course the patient's strength must be kept up carefully with good diet. I shall look with great interest for the report of the confinement.—Ed.

Dengue: In Convalescence it usually is found that the systemic tonics berberine and quassin are very useful.

QUERY 3889:—"Pneumonokoniosis." What is the most rational treatment for pneumonokoniosis, miners' consumption? The literature on this subject is scanty and unsatisfactory, and yet the condition confronts the mining physician more frequently than any other. Probably the one most commonly met is siderosis, inhalation of metallic dust. Is there anything besides amelioration, cessation from work, change of climate?

A. B., Utah.

I have been unable to find any treatment for this affection with sufficient evidence in its favor to justify its recommendation, beyond the treatment of the symptoms as they occur and prevention of the malady by the use of respirators.—Ed.

✽

QUERY 3890:—"Powder stains." Three months ago a man was badly burned in the face with an explosion of gunpowder. I removed as much as I could then and now he wants to be rid of the rest.

J. H. H., Montana.

The best recommendation I have seen was to pick open each spot and apply a little peroxide of hydrogen. Possibly some of our readers can tell of a better plan.—Ed.

✽

QUERY 3891:—"Pruritus Ani." Man, 27, wedded 4 years, no children, has intense itching about anus, baffling 4 doctors. Bowels regular, appetite good, sleeps well; last gave Echafolta and thuja inwardly, and applied silver nitrate locally gr. x to oz. of water.

C. B., Wisconsin.

Paint the itching region with compound tincture of benzoin; or apply strong lead water to it for 48 hours without intermission. Stop his coffee, re-

strict meats to real needs, give plenty of fruit, urge washing at least twice a day with cold water, and he will be cured.—Ed.

✽

QUERY 3892:—"Psoriasis." Man, advanced in years, two years ago a small indurated area appeared on the palmar surface of the little finger, which soon became fissured, followed by a rough, scaly, silver colored skin surrounding; the scaly epidermis is thin and branny and does not desquamate, the fissure is sore, no inflammatory areola, itching before the fissure appears though the presence of the fissure is not constant in the formation of new patches. It was first diagnosed as callositas, showing upon the surfaces exposed to friction.

Unguents, caustics, blisters, antiseptics, germicides and electricity fail to effect a cure. The only palliative has been exclusion from the air by rubber plaster.

F. S. T., Kentucky.

I think this is a psoriasis. The description does not indicate cancer or syphilis. The treatment I would advise is the application of pure glycerin continuously to the surface night and day for a week, changing twice a day until the callous tissue loosens and the condition returns to its normal. Then seek to protect it by applying tincture of benzoin as a varnish, or by the mechanical protection you have previously used. The bowel should be kept clear and aseptic and the action of the kidneys as to elimination of solids noted carefully.—Ed.

✽

QUERY 3893:—"Pyuria." I secured a morning sample of urine, found it thick, yellowish white flocculent precipitate, alkaline, s. g. 1022, no albumin or sugar,

• • • • •

Dengue: The Triad and Defervescent combinations are most generally needed, following the initial pilocarpine.

Dengue: Among the keen-edged weapons of Alkalometry are to be found the means of alleviating every discomfort.

pus cells in great abundance. Gave Urotropin gr. xij four times a day, with podophyllin and two Intestinal Antiseptic tablets at each dose, with benefit.  
J. A. G., Florida.

In all cases of pus discharge by the urine I have found the long continued action of arbutin, about a grain a day, of advantage. Begin with calcium sulphide pushed to saturation for two or three weeks, and then follow with the arbutin.  
—Ed.

✽

QUERY 3894:—"Salivation." I asked you before in regard to a young lady who was troubled by constant spitting, and you thought some dentist had left plates of metal in her mouth. This is not the case; and it must be a neurosis.  
C. B., Wisconsin.

I did not think there were metal plates in her mouth, but two kinds of metal fillings in her teeth, between which a galvanic current is set up. If this be so all treatment will be useless until one of the metals is removed. If this is not the case the mouth will have to be treated, the teeth put in order by a competent dentist and the mucous membrane cured by the use of antiseptic astringents like zinc sulphocarbolate and a granule of agaricin given from three to seven times a day to check the salivation.—Ed.

✽

QUERY 3895:—"Senecio." I have been looking up the list of remedies you sent me—want to find what you say about *Senecio gracilis*. In what cases do you find it better than other remedies, and does it ever produce abortion or other dangerous results?  
B., Ohio.

As regards *Senecio gracilis*, we use the resinoid Senecin which is the active principle of *Senecio aureus* (nat. ord.

Compositæ) known generally as rag-weed, life-root, old-man and squaw root. The plant is a perennial, and is found generally throughout the north and northwestern states. It is an Eclectic remedy almost exclusively, and this school claims it to be diuretic, diaphoretic and tonic. Clinical experience has proved senecin to act as a corrective of functional amenorrhea and dysmenorrhea. It is also undoubtedly a tonic generally to the pelvic organs, being more especially indicated when there is a feeling of weight and dragging, with headache and feelings of distress ranging from the uterus to the hypochondriac regions. As a matter of fact *senecio gracilis*, one of the varieties, gives the best results in dysmenorrhea, and as this is due to the large quantity of senecin present in the plant, the alkaloidal preparation will be found so useful and even in its effects, that it should be used wherever senecio is indicated. The varieties of senecio are, 1: *S. balsamitæ*, the regular balsam groundsel of common parlance; 2, *S. obovatus*; 3, *S. lanceolatus*, which is found in the swamps of Vermont; 4, *S. donomicum*; 5, *S. saracenicus*; 6, *S. vulgaris*; and 7, *S. jacobæ*, the two last being European varieties. They have one and all been used in medicine, and a Brazilian variety is used as a dog poison. We have advised senecin in amenorrhea at the suggestion of Murrell, of London. You will find, Doctor, that senecin granules will give you all the therapeutic results that can be obtained from *Senecio*, and it is a thoroughly reliable preparation in no way toxic or dangerous.—Ed.

✽

QUERY 3896:—"Stomach irritable." Young girl, good health, had typhoid

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Dengue: Will the use of Intestinal Antiseptics here show the same benefits as in every other form of fever?

Diabetes Mellitus: The excessive thirst is relieved by phosphoric acid, gr. 1-6 in a very little water every hour.

fever a year ago, lasting six months, two slight hemorrhages, no other complications, has not been able to eat any solid food since, takes only milk and at menstrual periods even throws that up, no pain, stomach seems irritable and will not tolerate anything, no gas, no sour stomach, bowels regular, age 17, had menstruated only once before she had the fever. Have washed the stomach out and all the usual remedies tried without success.

S. D. S., Minnesota.

The difficulty here seems to be an irritable condition of the pneumogastric nerve. For this I would advise the application of rubefacients over the nerve in the right side of the neck and the use of zinc cyanide, hyoscyamine and bismuth, carefully applied but persistently, to reduce irritability of the stomach. The bowels must be kept clear and aseptic and colonic flushing should be added to the internal treatment for this purpose.—Ed.

✽

QUERY 3897:—"Stomatitis." What has been your experience with iodine on mucous surfaces? I remember reading where some physician used pure iodine for an affection of the mouth where the mucous membrane peeled off of gums, tongue, palate, and began going backward to throat. I have just such a case in a lady, 55, blonde, has had this trouble for a few years; anything hot or sour aggravates it, tongue and mouth dry and the mucous membrane is leaving these parts, even under tongue and its sides show a glistening surface. Is this psoriasis of the tongue?

H. G. A., Illinois.

I am uncertain about iodine. Sometimes it acts like a charm and at other times it plays the very old Harry.

Take a bit of absorbent cotton and carefully dry the affected surface; then apply Eurol lightly to the affected

region. This should be repeated once a day. Let the patient use zinc sulphocarbolate, a one grain tablet for a lozenge, holding it in the mouth until it is thoroughly dissolved, and repeated every hour while awake. The bowels must be kept clear and aseptic and the renal elimination fully up to the standard, as either of these conditions may be underlying this curious affection.—Ed.

✽

QUERY 3898:—"Syphilis." What is the best local application for a specific ulcerative tonsillitis? I have had the patients on the mercuries and bromo-iod. calcium for over a year, but every week or two an ulcer forms on the tonsil; the fauces look congested at all times, which may be due to the mercury. No other evidences of syphilis. What is the best local treatment for deep specific ulcers of the forearm?

L. K., Ohio.

For both cases I would advise iodoform as a dressing unless the odor repels, in which case I would advise the application of euprophen in powder, and of Sanitas oil, using each for a week. If the specific treatment has been carried out thoroughly either the disease as is shown is not specific, or the recuperative powers are insufficient to set up curative action. In the latter case I would advise treatment by the strongest tonics, the Triple Arsenates with Nuclein pushed to full dosage, with the local treatment above recommended. Sometimes we find the iodide of iron admirably suited to such cases. In other cases such preparations as iron pyrophosphate or potassio-tartrate, in doses of 30 to 60 grains a day, do much better. If there is much lymphatic obstruction, however, the case demands phytolaccin or stillingin pushed to full doses.—Ed.

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Diabetes Mellitus: The dyspepsia and biliousness are relieved by chelonin gr. v daily. Does it act on the pancreas?

Diabetes Mellitus: The salicylate of lithia has proved one of the best remedies—is it as an antiseptic or germicide?

## NEWS, NOTES AND NOTIONS

These items are mainly condensations from the current medical press. We give them as we get them, and in as few words as possible.

There is a good opening at Farley, Ia., or at Cottage Hill, ten miles northeast of it, for a doctor. Write to Dr. C. A. Snyder, Dubuque, Ia.

✽

Dr. J. F. Presnell, late Surgeon U. S. V. in Cuba and the Philippines, has been elected Junior Professor in Surgery at the Illinois Medical College.

✽

The American Congress of Tuberculosis has changed the arrangement for its next meeting, which is now set for Washington, D. C., April 4 to 6, 1905.

✽

Dr. Frank Byrnes, of the Surgical Staff of Cook County and also on staff at St. Elizabeth's Hospital, has been elected Junior Professor in Surgery, at the Illinois Medical College.

✽

The coryza granules and mercury protiodide are almost specific in diarrhea, especially if the stools are bloody.

CLAUDE PORTUS, M. D.

Monrovia, Ala.

✽

Many sudden deaths after abdominal operations are due to embolus. These are much more frequent than are noted by physicians who do no autopsies.—Byron Robinson, *Med. Times*.

✽

The *Therapeutic Gazette* reports 53 cases of typhoid fever treated at the Presbyterian Hospital, of Philadelphia,

by Acetozone, without a death. The duration of the attacks after admission to the hospital varied from 24 to 92 days. The results seemed good to those accustomed to the "classic" treatment.

✽

Dr. James A. Black, of the Penna. Reform School, calls attention to the value of Ergoapiol in cases of suppressed and deranged uterine function. He finds it superior to any other emmenagog for these reasons:

1. It is prompt and certain in its action.
2. It is not nauseating and is not rejected by delicate stomachs.
3. It is absolutely innocuous.
4. It occasions no unpleasant after-effects.
5. It is convenient to dispense and administer.

✽

Broadbent reports a curious case of Hodgkin's disease, where arsenic had an unusual effect for good, and also for evil. The malady subsided rapidly under its use, but toxic symptoms developed. Sodium cacodylate was substituted for Fowler's solution, but pleural effusion, ascites and oedema developed under which the patient died. It would seem that the real difficulty was in so regulating the doses as to obtain the maximum curative effect without touching the toxic action. This, which is a matter of course with the alkaloidist, seems to be unknown to the eminent English physician.



Livingstone describes a case of poisoning from absorption from a belladonna plaster. Why does not the doctor give atropine scientifically dosed if he wants its effects?



A New York journal recommends street-car travel as a means of securing vibratory gymnastics at small expense—which spoils the whole thing. Some people are very slow of apprehension. What would the remedy be worth if it cost only a nickel?



Dr. W. L. Ballenger, at a recent meeting of the faculty of the College of Physicians and Surgeons, Chicago, was elected to the chair of Otology, Rhinology and Laryngology, to fill the vacancy made by the resignation of Professor M. R. Brown.



A man who had had several attacks of tropical malaria proposed to return to Africa. He was given ten grains of quinine, which caused hematuria, and he lost over half a million red cells from his blood count in a few hours. It was evident that he was unfit for service in malarial localities.



Funny thing about the diagnosis of gall-stones. The surgeon can make a diagnosis that is sure enough to warrant an operation; but when the medical man interposes and cures that same case by drugs, there was a mistake and there was no gall stone, or it escaped in the stools, or has fallen back into the gall bladder and will pop up later—anything rather than acknowledge the utility of anything else than surgery.



Diabetes Mellitus: Sweating by pilocarpine, muscarine or picrotoxin, decreases the output of sugar in the urine.

Guerder says the toxins of tuberculosis prevent the phagocytic action of the leucocytes, and the active principles elaborated by the cells of the liver of the codfish neutralize this action. He advises the injection of the extract locally, and obtains remarkable beneficial action therefrom. Recent lesions are cured without leaving a trace. In joint tuberculosis these injections do away with the long immobilization.—P. M. J.



A blind man working in a silk mill in Bethlehem, Pa., got his clothes caught in the machinery and was drawn in himself. The engine was stopped just in time to save his life, but his eyes were nearly bulged out by the pressure. A few days later he was astounded to find that the sight was returning in the eye on the side most severely wrenched. So tells us a paper kindly sent by Dr. Benner. The thing that worries us is how a blind man came to be working among machinery.



Anthony objects to the hypodermic administration of mercury in syphilis, because it has been shown that with deep oil injections into the gluteal region of cadavers one out of every three enters a vein, endangering embolism; an idiosyncrasy against the remedy may be found at any time, and then incision and curetting are impossible, as can be done if the injections are subcutaneous. The employment of mercury in this manner seems inadvisable, as the dosage is difficult of regulation, and its necessity is questionable. Is it not used simply as a something different from the common method?

Diabetes Mellitus: The action of the pilocarpine group is so peculiar that it deserves more study and trial.

Death from adrenalin is caused by paralysis of the respiratory center.

✽

Dr. R. C. Kemp says that by massage of the heart, life may be recalled when it has left the body, in cases of suffocation, drowning, asphyxiation or shock.

✽

Perc recommends bee-stings for rheumatism. The dose is a few bees at first, gradually increased to 70. It required 6,952 stings to cure the case reported.

✽

The *J. A. M. A.* for June 13 contains a number of excellent articles on the summer diarrheas of infants, with lots of valuable information on everything—except the treatment.

✽

Curtin lauds pilocarpine in the treatment of pneumonia. It relieves pleuritic pain and dyspnea in a few hours, and hastens resolution. The fever rises after its use, and then falls.—*Lancet*.

✽

A writer to the *Medical Record* says he makes no charges to other physicians for his services, but when called out of town charges twenty dollars an hour and his expenses. This seems enough.

✽

In most cases of intestinal parasites the eggs may be found in the feces. But if not, the Charcot-Leyden crystals are almost pathognomonic of intestinal parasites, and none but a blind man can fail to see them under a microscope.—Spivak, *Denver Med. Times*.

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥

Diabetes Mellitus: The use of ergotin in full doses reduces the flow of urine and the output of sugar as well.

Bailey finds that more married men than unmarried commit suicide, the reverse obtaining with women. Monday is the favorite day for suicides, followed by Sunday, then Friday, and Saturday last of all. Wash-day seems peculiarly disagreeable, to males especially; while the women find Sunday, when "he" is home, least endurable.

✽

By the will of the late Dr. Spencer Morris one of the eastern colleges receives \$12,500, the interest of which is to be given yearly to the student who passes the best examination for the degree of M. D. This is a most wise gift. The graduate who wins the prize will have the neat sum of \$750 with which to begin practice, while those who fail will still have the extra benefit derived from their studies.

✽

King seeks an explanation of the action of therapeutic agents in the doctrines of evolution and reversion. Opium and alcohol produce in the human body conditions that existed in our ancestors of the carboniferous period, when only a low grade of respiratory activity was possible. Before this our still more remote ancestors swam in a sea of saline solution and ate seaweeds and sponges—hence our liking for salt. The *Phila. Med. Journal* unkindly suggests that this affords appropriate light reading for summer. We do not see it in that light. When after ten years of the theory that cancer is due to the excessive use of salt, we are asked to flop over to the view that this malady is due to the use of too little salt, we find it difficult to separate the "light" reading from the substantial.

Diabetes Mellitus: Salts of gold, platinum and mercury have been used with benefit, sometimes effecting a cure.

The patient should drink eight ounces of half normal salt solution six times a day for three days prior to operation. This clears the urine like spring water, eliminating waste laden blood.—Byron Robinson, *Med. Times*.



I once aspirated a few ounces of reddish serum from the chest of a young woman who had suppurating pleuritis of the opposite side. Three hours later she died suddenly, dying in about one minute. The breathing ceased as one breath. That was an embolus in the respiratory center.—Robinson.



How easily Germany settles the question of quack advertisements. The journal is pecuniarily responsible for the claims made by the advertiser. If he claims a sure cure for consumption, cancer and Bright's disease, he must cure or the victim collects damages for false pretense from the journal. How would that suit our "religious" press? Would they be willing to print the ads they now take if there were a pecuniary responsibility instead of a moral one? Or do they dread the former above the latter?



**Strychnine Poisoning.**—A 2½-year-old boy had taken strychnine. The parents had purchased 1 dram of strychnine. The mother was horrified to see the little fellow with the bottle of strychnine to his mouth and the contents being emptied into it. She frantically called to him to "spit it out," and immediately washed out his mouth as thoroughly as she could. I arrived one hour later. They had tried the home

remedies to produce emesis but without effect. I immediately gave tannic acid in solution to form the insoluble tannate, and apomorphine hypodermically, I waited 4 minutes and repeated the apomorphine. In a few minutes the contents of the stomach were coming up. Fortunately the child had eaten dried apples (uncooked) that afternoon, and his stomach was full of undigested food and not in good condition for absorption. I gave more tannic acid and thoroughly washed out the stomach with a stomach tube. This was followed with more tannic acid and chloral hydrate. The convulsions began increasing in force and frequency, and the chloral was crowded till there was profound narcosis, but still the convulsions were stronger and now coming every two minutes. It had now been 1 hour since the stomach was washed out, and it had evidently absorbed the residue. The convulsions were now tonic, and death was imminent. As a last resort I gave pilocarpine hydrochlorate hypodermically and with results as follows:

|                    |       |
|--------------------|-------|
| Gave 1-24 gr. at   | 9.07  |
| No convulsion till | 9.14  |
| Convulsion at      | 9.19  |
| Convulsion at      | 9.24  |
| Gave 1-24 gr. at   | 9.25  |
| Convulsion at      | 9.29½ |
| Convulsion at      | 9.35  |

Skin now moist and saliva flowing out of mouth.

|                           |      |
|---------------------------|------|
| Slight convulsion at      | 9.44 |
| Slight convulsion at      | 9.46 |
| Very slight convulsion at | 9.56 |

And gradually lighter at 10, 10.06, 10.17, 10.22, 10.34, 10.45 and the last at 11.13. The bowels and bladder were evacuated, and the patient made an uneventful recovery.—*Phila. Med. Jour.*



**Diabetes Mellitus:** The iodines, iodol, iodoform, have been used with benefit, and sometimes a cure is reported from them.

**Diabetes Mellitus:** The nitrate of uranium has been reported upon quite favorably; gr. 1-6 to 1-2 every two to four hours.

Dr. Waite operated on a chronic perirectal abscess. The patient, a woman 25 years old, did excellently until the fourth day, when she turned acutely yellow and died in about three days. This was a septic embolus floated to the liver, producing septic hepatitis.—Robinson.

❧

Wanted:—Can anyone tell us of a really good and satisfactory still, that could be used in a residence or on a boat, to supply pure water for household use? One that will do the work right, keep in order, and not cost a fortune to buy or run. Or is there any practicable apparatus for purifying water, such as the ozone generator of Siemens-Halske, that will accomplish the same purpose?

❧

Prof. Lorenz referring to American nurses said: "Never till I came to this country have I known what a woman could be in the way of a nurse. In Austria they are women of any class, of any sort. They are women of little education. Here in America they are ladies—ladies! Never have I been so amazed. They are in aprons and caps, but they are educated, they are refined, they are charming. Never have I seen such a thing—never! You are so far ahead of us in this that I am lost in wonderment."

❧

Aronson experimented with 20 varieties of streptococci, and found that horse serum markedly agglutinates only the material with which it has been treated. Other experiments show that it is impossible to prepare a serum directly from human beings. He therefore adds to his serum, which is directed against all

streptococci, a fluid produced by immunization with streptococci taken directly from human subjects. Baginsky reported quite favorably on Aronson's serum in a severe epidemic of scarlet fever. Meyer gave also a favorable report. All speak of the harmlessness of the serum.

❧

Byron Robinson asks: What kills the Surgical Patient? And replies: Anesthesia, shock, hemorrhage, nephritis, peritonitis, embolus, and pneumonia. What has become of erysipelas, gangrene and tetanus, the enemies of our army surgeons in the civil war?

❧

Summer Hygiene.—All vessels, pitchers, bowls, bottles, etc., should be scalded before milk is put into them; cover closely so as to exclude dust. Set the milk in as cold a place as possible as soon as received.

Never mix new and old milk or cream together if the mixture is to be kept any length of time.

If milk is intended for infants' food pasteurize enough for the last part of the day by putting it in a freshly-scalded bottle, stoppered with a wad of clean cotton-wool or covered with two or three thicknesses of clean cheesecloth. Put the bottle in a kettle containing two quarts of cold water; bring the water just to the boiling point, and remove from the fire at once—don't let it boil after the first few bubbles; set the kettle aside to let the milk become heated evenly and when cold put in the ice box or other cold place.

These simple measures will keep your milk and cream sweet and wholesome twice or three times longer than under ordinary conditions.

❧ ❧ ❧ ❧ ❧ ❧ ❧

Diabetes Mellitus: The bromides have been used with asserted success. I would only advise trial of arsenic bromide.

Diabetes Mellitus: For cases of the thin nervous type add to the other treatment calcium lactophosphate gr. x daily.

Every man is as lazy as he dares to be.  
And some men are awfully daring.



Germany is inaugurating a campaign against alcoholism, by opening free reading and assembly rooms, and drinking fountains, and diffusing information as to the effects of alcohol drinking.



Gautier injects into the blood minute doses of sodium methylarsenate to cure malaria. It cures severe African malaria that resisted quinine, also the associated anemia. How about quinine arsenate hypodermically?



Local anesthetic:—Adrenaline chloride 2 drams, cocaine 5 grains, water half an ounce. Soak four layers of lint with the solution and place on the pad a positive electrode; place a large negative electrode elsewhere and slowly induce a current of 15 to 30 milliamperes, five to ten minutes. Then wash the surface with ether, when any small operation may be done without pain.—*Lancet*.



I once resected a portion of a rib from a man with chronic suppurating pleuritis. A pint of pus was evacuated. He recovered excellently until the fourth day, when he told me there was some pain in the wound. I was sitting by the bed talking to him, when suddenly his eyes became set, rolled irregularly, and he died in less than two minutes. That was an embolus in the respiratory center, for he suddenly stopped breathing.—Robinson.



Nassau was divided into medical districts, in which the doctor received half

his income from the state, and treated the poor gratis. The fee for a visit was fixed at 15 cents. The doctor was free to make more if he could, and the people could employ other doctors if they chose. The income of the doctor was generous, and the system so satisfactory that when discontinued on the absorption of Nassau by Prussia, the people continued the system voluntarily.



Although the suggestions as to the treatment of "Fourth-of-July" wounds in last week's Bulletin have been widely copied and indorsed both by the medical and the lay press, it seems necessary to repeat them in view of the following editorial comment in the current issue of the *Journal of the American Medical Association*:

"We should not forget that most of these deaths are preventable if the blank cartridge wounds are properly treated as soon as they are received. It is a sad fact that the greatest number of cases of Fourth-of-July tetanus occur in boys who have gone to some physician, not infrequently in a dispensary, who, instead of giving the wound the thorough treatment that it deserves, has superficially cleansed and dressed it. The responsibility here lies with the physician who first sees the wound. A thorough surgical treatment of blank cartridge wounds, supplemented by prophylactic injection of tetanus antitoxin when possible, would save many lives every year."

Keep all "Fourth-of-July" wounds open until "thorough surgical treatment" has been secured. Do not close them up and so exclude the air. When the air is excluded the lockjaw germ begins its deadly activity.—*Health Office Bulletin*.



Diabetes Mellitus: The attending constipation responds quite nicely to the careful use of aloetic laxatives.

Diabetes Mellitus: In many cases the powerful tonic, vitality inciting effect of strychnine aids other remedies.



# Surgical Department

"THE BLOOD IS THE LIFE."

**F**OLLOWING hard upon the discrediting of tuberculin, which has finally been stamped with the mark "N. G." comes the report that formalin injections are most deleterious in their effect upon the blood and that the persons who have had this chemical injected into their anatomy in ever so weak a solution have been months in recovering from the injury—if they recovered at all.

The first case which was heralded throughout the country as successful, did recover, it is true, and naturally hope was felt that in this powerful antiseptic we had a reliable remedy for the acute septic states; but in most of the subsequent cases the patient promptly died despite the use of the much lauded solution. There is one noticeable thing about the formalin fad. It was born, became full-fledged, died and has been decently interred all within a few months. Truly the 20th century spirit seems to have entered into medicine at last. Tuberculin, on the contrary still lies above ground and taints the remedial atmosphere. It will not stay buried—although its victims do. The wonderful *eclat* with which it arrived, the "bigness" of the men who gave it their approbation and the persistent advertising it has had all tended to keep the body of this, the most monstrous of all therapeutic hoaxes, before our eyes.

And perhaps we may learn a lesson from it. It is a plain and simple one.

"The Blood is the Life" and it is not advisable to attempt to add to or detract from its chemical composition by injecting into it any potent or toxic material whatsoever. That which goes into the stomach passes through the laboratory of Nature before it finds access to the life-stream and, no matter what the substance, before it does get into the blood, it is to some degree fitted therefor. But when we throw a substance into the veins directly, we plainly violate a natural chemical law—we add a crude material to a delicately proportioned and finished product—the very composition of which we do not thoroughly understand—and the result is that we have trouble. Normal saline solution is the least harmful of all the fluids we inject subcutaneously or intravenously because it comes nearer to being blood than anything else, but with this exception it is questionable whether the injecting of any fluids into the circulation direct is good practice. The use of drugs hypodermically for prompt effect is a necessity but none claims that it has a beneficial influence on the blood current.

Taken altogether, clinical experience tends to prove that the less we attempt to alter or in any way tamper with the blood *per se* the better it is for the patient and our own reputations.

"The Blood is the Life" and life is a mysterious essence which we are at present too gross to comprehend—and it is an old, old maxim that "little children

should not meddle with what they do not understand."

It would be well for the doctors to apply this to themselves as regards the matter under consideration.

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#### THE ODDITIES OF OBSTETRICS.

The subject of parturition, normal and abnormal, has always been one of unusual interest to the doctor. The average man has a run of successful cases of labor and then, seemingly without any reason, his parturient women seem all to "go wrong." One after another dies or comes through by "the skin of her teeth" and then, finally, the tide changes and everything progresses as of old. Why is this? There is a reason for it. Does it mean that the accoucheur has become septic—that he remains so till in some way he rids himself of the poison?

And then the really expert obstetrician comes along and tells us that he has delivered ten or fifteen women out of the last two hundred by version or forceps or some other unnatural manner. At the same time comes another equally clever accoucheur with a record of three hundred confinements without instrumental interference and no deaths. What causes the difference? Is it possible that some men have a peculiar magnetism—a confident personality—which absolutely enables a woman to deliver herself when, if chilled and depressed by the presence of a less magnetic attendant, she would have given up and needed forceps?

We all know that some people bring a fresh supply of courage, hope and good cheer with them; that when they arrive and grasp one's hand there is a feeling that all will now go well—and it does. The writer has heard more than one pa-

tient remark, "Oh, doctor, I am so glad you have come, I feel better already." Has this something to do with the varying experiences of equally clever obstetricians?

And then the matter of birth. Is it a fact that the boy takes as a rule longer to come into the world than the girl? Does he cause more trouble and pain than his sister? Of course we all know that there is a popular impression that he does, but *does he*? And what is the experience of the tens of thousands of CLINIC readers as to the damage done to women who are delivered alone, without any or practically no aid? Are they as a rule injured to any great extent? Is it not a fact that in most instances both mother and child seem to come through the ordeal without scathe? The writer knows of a German farmer's wife whose barn caught fire just about the time that labor was expected. The woman was industriously helping to carry water to the flames when the "pains" came on; the poor woman retired to the house and later returned and again helped to save stock. After it was all over she took her husband in and showed him another son. The entire matter was over in an hour. This same woman told us that all her six children had been born without help of any kind and she seemed to pity the poor creatures who would send for a doctor for a little thing like that. Is it not possible that our women are, as each generation rises, deteriorating as mothers? Does not the city accoucheur need his forceps and other instruments more often than his country colleague? If this is so—and we believe it is—what does it mean except that the country women "living nearer to the ground" are able to perform a purely natural function in a

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In septic conditions never attempt to cure an aneurism by forming a thrombus, as there is liability of yellow softening.

Don't be too ready to pass any instrument into the bladder; this is an evil itself only warranted by the existence of a greater.

more natural manner? Surely the city doctor does not resort to cold steel as a matter of choice.

One more question for the family to talk over and we have done for this time. Is there any truth in the statement that the robust child aids in its own delivery? Or does the uterus expel its contents equally well or illy regardless of whether it be strong or puny, alive or dead?

We know of course that Buffon advanced the former theory and that he was promptly contradicted; we know that the uterus, aided by the surrounding abdominal muscles can empty itself. This is proven sufficiently by the birth of a child after the death of the mother. But this is an abnormal process due to conditions we cannot discuss here. One way or another, however, the CLINIC family has had its experiences with the other matters touched on and it is from that we are anxious to hear. It is the opinions they have formed from these that we want and we trust will get.

Somewhere, in some one of your heads rests knowledge of incalculable value to every other practitioner. Dig for the jewel, brother; *yours* may prove to be the Koh-i-noor.

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#### ANOTHER MINOR OPERATION DESCRIBED.

Wry-neck is a condition that is not uncommon and the doctor is often asked to remedy it. The condition may be congenital or due to arthritic or rheumatoidal conditions. In these instances massage, antirheumatic (eliminative) treatment and the placing of the neck in an exaggerated opposite position and keeping it there by a plaster cast may

suffice. If the condition has existed for a long time and there is a shortening of the sterno-mastoid with more or less hemiatrophy of the face, then the only thing to do is operate. This may be done subcutaneously or "open." The former is the best to do under ordinary circumstances and is devoid of any great danger—provided asepsis is looked after.

Increase the rotation to stretch the sterno-mastoid, and do a section of the sternal and clavicular ends. The anterior jugular lies near the inner border of the sternal head while the external jugular lies near the posterior border of the clavicular head. These must be remembered. If the sternal tendon is cut at an inch and a quarter to two inches above its insertion the horizontal portion of the anterior jugular will be avoided.

The clavicular head should be severed by inserting the tenotome half an inch above the clavicle at the external edge of the muscle and the blade will then pass between the external jugular and the muscle. By taking note of any abnormal position of the vessels it is almost impossible to have an accident though such have occurred. The neck should be shaved and made surgically aseptic before operation as any infection of the neck means trouble through the prompt spread of toxic matter through the lymphatics. The open operation will be the method of choice only if there are abnormalities of the vessels and where there is extensive sclerotic degeneration. Not being so to speak a "minor" operative measure it is not described here.

Note.—It is our intention to give each month a short description of some one of



The man who is content with merely washing an old catheter is not fit to pass one: have it soaked in carbolic solution.

Never be too economical and attempt to use an old rubber catheter: after a certain time you are apt to find half of it remain behind.

the many so-called "minor" operations the doctor has to perform alone. If you want any particular subject dealt with, say so.—ED.

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### THE PREPARATION OF THE "OBSTETRIC HAND."

While from long years of carelessness the country doctor has come to look at the hand washing and sterilizing of the city obstetrician as a good deal of bosh, the fact remains the same that no man has a right to attempt to deliver a woman without first sterilizing his hands. There is a wide difference between the man who sends to the parturient's house a small wagon-load of paraphernalia and comes himself accompanied by a hundred pounds of soaps, solutions, gowns, sterilizers, etc., etc., *ad infinitum et ad nauseam* and the one who takes pains to make himself and the woman surgically clean because of his fully understanding that by not doing so he risks her life needlessly.

A simple washing of the hands will not do. True, if the doctor's interference or aid consists of receiving the baby when delivered and cutting the cord it may suffice, but the doctor who confines himself to such help is not doing what he is paid to do; is lowering his professional standing and arraying himself with the army of elderly females who do the same things with equally striking and brilliant results.

And they would not be guilty of washing their hands for the world.

The *accoucheur*, however, has, even though it be not his first sight of the case, to make a thorough and delicate examination. To do this with septic

hand is to say the least stupid. The few moments that are taken up by cleansing the hands and arms even in the most urgent case will be well paid for by the effective and thorough aid the doctor can render when ready. Not only must he go up into the vagina once or more often but he *may* have to do any one of a score of manipulations of the child before it can be born and it don't augur well for the mother when the attendant has to stop at the most critical moment to "prepare" himself for version or something else.

Arriving at the bedside and satisfied that labor has begun, the attendant will first take off his coat and either put on a loose white or linen coat or a pair of "sleeves," washable of course. The latter are of great use in the country. A man can easily have three pairs and keep one rolled up in a towel all the time ready for use. The hands are first of all washed usually and then with clean water—or under the faucet where there is one—the preparation begins. With a nail-brush) which the doctor should carry with the other necessities in a small, rubber sponge bag—and either tar or carbolized soap the hands and arms are scrubbed for five minutes; the nails get special attention. The Hand Sapolio of the stores is really excellent here. Then dropping a standard corros. sub. tablet into a basin of water the hands are soaked in the solution (which should be 1-2000 strong) for two minutes. Then a little alcohol should be poured on the hands, or ethereal tr. of soap used and finally after rinsing a little pure hyd. perox. should be poured on the hands which are rinsed and wiped on a steamed or baked towel. If an assistant has washed off the outer

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There is in the anatomy of the male a certain sinus popularis: do not pass a catheter till you are satisfied you know its location.

Don't go to work and sterilize your catheter and then lubricate it from the family bottle of vaseline or sweet-oil.

parts of the woman with soft or green soap and water following with a creolin or crenasol solution they should be covered with a sterile cloth and left till the doctor is ready to examine. It is a good plan to keep a basin of hot creolin or some similar solution on a chair by the bed and dip the hands therein after each examination or manipulation of the parts. The carrying of the few things needed here amounts to nothing and one should never use the awful soaps that are found in the ordinary home. I do not like carbolic acid solutions but both creolin and crenasol are superb for obstetric work. The odor is clean and grateful and the antiseptic power great. Two ounces of creolin to a quart of water is full 1-100 and almost too strong. I double the water. If it is preferred the hands can be sterilized by wetting with boiled water a handful of fresh chlorinated lime and rubbing this paste into the digits with a piece of washing soda for five minutes. Rinse, rub with alcohol, rinse again with boiled water and you can go into the most delicate work with a clean conscience.

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Be liberal! Go forward! The only thing to ridicule is that which *tends backward*: every move, every idea for-

ward, demands attention and respect. The candle satisfied till the lamp came; the man who talked of giving us "sunlight at night" was *laughed* at. The man who said we should talk over miles of space was "sniggered" at as an erratic chump. But we *have* the incandescent lamp and we *have* wireless telegraphy—and a few other "new" things. In medicine there are still many hisses (nat. ord. *Anser*) and scoffers (nat. ord. *Cancer*) of all things new, but, brethren, even we have *some* new things and somebody, some day, whose ideas are not crab-like, will discover the cure for phthisis, cancer and similar maladies. Don't laugh at the man who thinks he "has it;" he may, and it would be unpleasant to have to "crawl" when the crowd whoops his praises finally. Test the new; "try it out" and condemn or praise as your reason, fortified by experience, dictates.

This is the era of new things; set your face forward and only stop to laugh at the man who walks backward—ridicule may spur even him back into the procession.

Keep your face to the front, brother. Hold to the old till the new gives you a firmer and better grip, and then *take a fresh hold. Onward!*

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## THE INSTITUTIONAL TREATMENT OF RHEUMATISM AND OTHER CHRONIC DISEASES BY MEANS OF DRY HOT AIR, ELECTRICITY, ETC.

By R. M. Sterrett, M.D.



RY, superheated air, from 280 to 450 F., as a curative agent in many heretofore intractable diseases such as acute and chronic rheumatism, and other allied affections whose predominant features are

pain and swelling of certain parts of the body, has been before the medical profession of this country and Europe for several years; yet to the average general practitioner it is a new and untried remedy. This lack of knowledge of so

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It is every bit as bad to forget or omit to suture a nerve or tendon as it is to leave a fracture unrepaired.

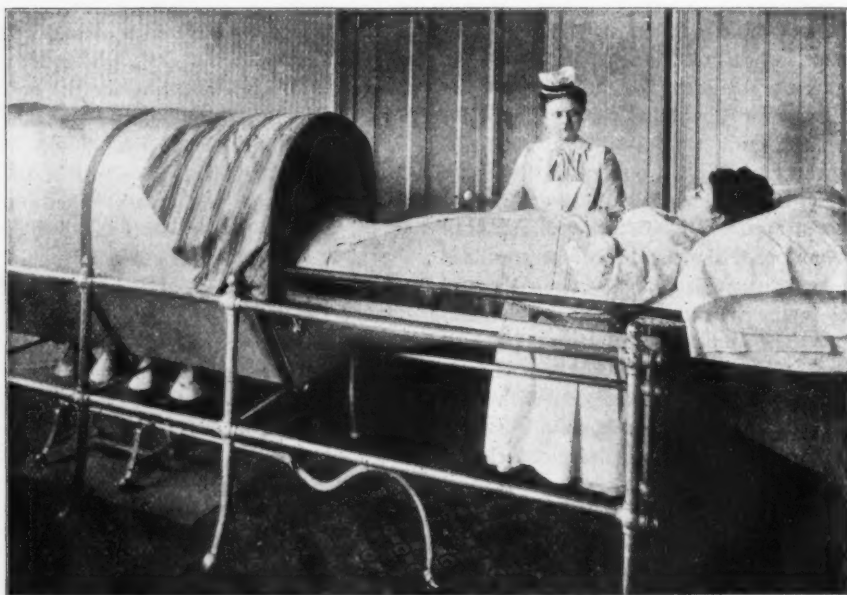
In suturing tendons the best needle to use is the common round one; for nerves see that the point is a little bit dulled.



valuable a remedial measure is truly unfortunate, because, when applied with the proper technique and skill in scientifically constructed apparatus, it is one of the most powerful, agreeable and certain remedies at the command of the physician, and can be used with absolute safety in many diseased conditions wherein the ordinary methods of treatment have been found wanting.

The failures to secure curative results

Dr. C. E. Skinner, of New Haven, Conn., in his newly published, excellent treatise entitled "The Therapeutics of Dry, Hot-Air," says: "It is not to be expected that every general practitioner will or can become a hot-air expert, but every physician should at least understand the principles of its application and the clinical results derivable therefrom, in order that he may be able to decide intelligently when his patient will



No. 1.—Patient prepared for Body Dry Hot-Air Treatment, with the Betz Body Apparatus.

with hot-air, have been due in a great measure to the fact of its having been used indiscriminately in certain pathologic conditions where its physiologic action is not indicated, but in many more instances to the lack of proper technique on the part of the operator and the employment of unscientific, cheap apparatus.

be benefited by its use. If he does not care to undertake its actual administration he can send his patient to someone who is an expert."

In consideration of the above, fully indorsed by the writer, it is his firm belief that to be successful in the treatment of cases requiring hot-air as well as the various electric modalities frequently



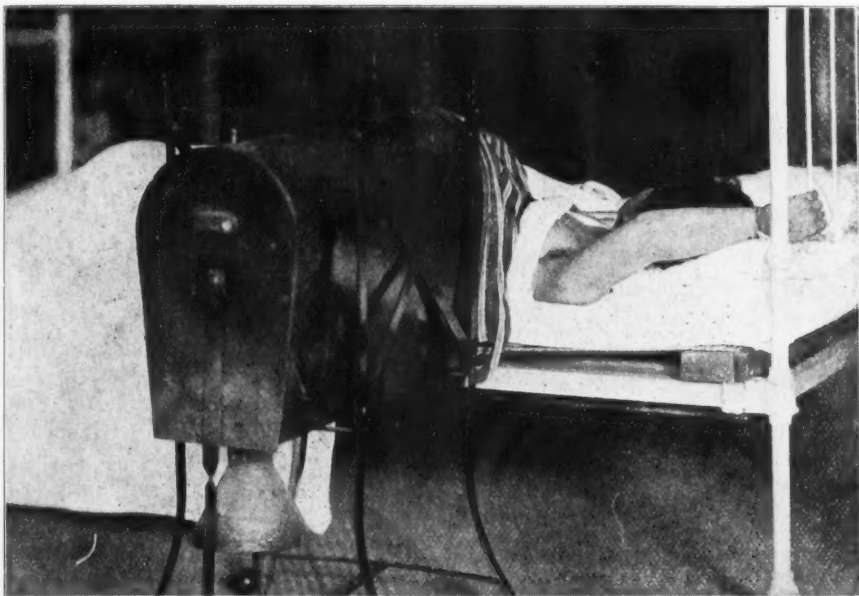
The potato and lots of eggs and cheese are the "remedies" to be exhibited when some mothers' darling swallows pennies or pins.

In suspected cases of strangulated gut or peritonitis do not give any opiate: it so masks the symptoms that you may miss their urgency.

employed by the modern progressive physician, properly arranged operating-rooms and accessories are of the greatest importance. As in many other new things, or new forms of old things, dry hot-air as a remedy has been taken up in a careless, unprepared way by some physicians, who, from lack of attention to details in its administration, proper apparatus or surroundings, have not obtained favorable results and have con-

sary to effect a cure. The conservative yet progressive physician will readily understand this and act accordingly, his first consideration being the speedy, safe and agreeable cure of his patient, no matter from what source the remedial measures may be derived.

That the surgical side of the profession has largely monopolized the established hospitals and charitable institutions will scarcely be questioned, nor



No. 2.—Local Application of Dry Hot Air to Left Lung or Pleura.

demned it forthwith. Every new remedy has met the same fate at some time or other.

Dry hot-air will without the addition of drugs or other measures effect cures in some diseases, alone; in others electricity, static, galvanic and faradic, massage, vibration, and all the resources of the laboratory, may be neces-

that the special facilities thus obtained have perfected the art and skill of the operating surgeon. Far be it from the desire of the writer to detract in any way from the glory of modern surgery, or even if in his power to deprive this branch of the profession from any facility for advancement; but that therapeutics other than along surgical lines



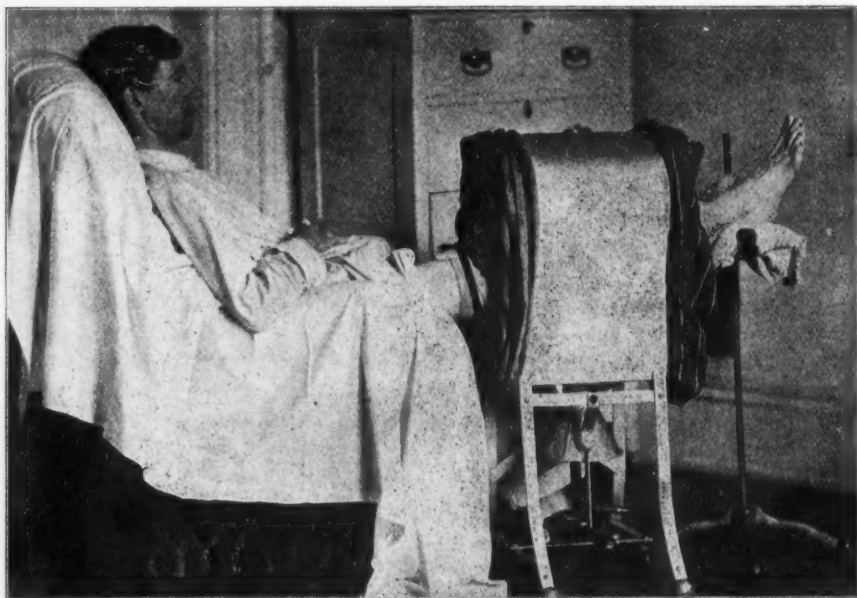
Colotomy itself is not a fatal procedure, but the long-continued obstruction if allowed means death to the patient.

Strangulated hernias are the last things to procrastinate with: never lose an hour, but reduce per taxis or operate.

should advance in due proportion and in such proportion as to render the knife many times unnecessary, some form of institutional facilities should be recognized and encouraged by the profession as they are by the laity who, for want of such facilities under the care of the regular, honorable, educated physician, are led to try the so-called "medical institutes," owned and operated solely for gain by unprincipled quacks.

profession in all chronic affections as the modern hospital is appreciated as a means for good surgery. That the people for whose benefit they will be created already understand the value of institutional treatment is shown by the success of institutions now well patronized by them, some of which were established by uneducated persons.

"The value of institutional facilities is particularly great in the practice of



No 3.—Local Application of Dry Hot-Air to Knee, with Betz Special Knee Apparatus.

Massey, in his work on "Conservative Gynecology and Electro-Therapeutics," devotes a chapter to this subject. He says: "Special institutions, thoroughly adapted to particular lines of work, are therefore a most necessary adjunct to modern medical progress, and the author looks forward to the time when their value will be as well appreciated by the

electro-therapeutics, owing to the magnitude of the instrumental equipment required and the necessity for certain classes of applications being performed under such circumstances that the patient may rest in bed immediately afterwards. It also permits of a closer attention to details on the part of the chief physician, through an economy of



Before reducing hernia by taxis or operating for radical cure of same, it is good practice to wash out the stomach.

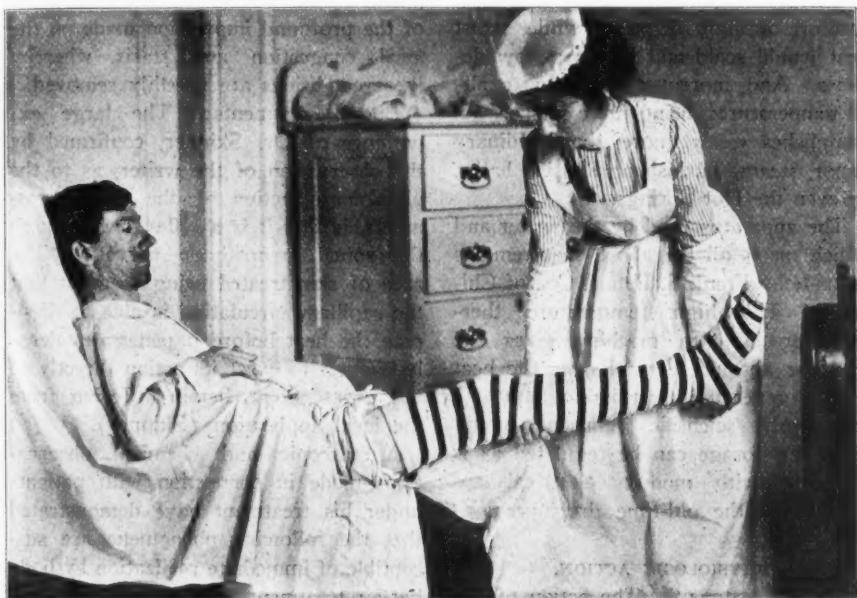
When you open the abdominal cavity and irrigate, confine your operation in that line to the contaminated area.

his time, and makes it convenient to associate with the main element of treatment other remedial agencies of great service in this class of cases, such as scientific massage, radiant heat baths (dry hot-air) and good nursing."

From the experience of the writer, in order to secure the best results from dry hot-air, the body apparatus for systemic treatments, and the small or general apparatus for local application to the

No. 3 shows the "Knee Machine," which is a short apparatus especially designed for treating the joints.

Skinner, whose experience in sanatorium work with hot-air extends over four years, says: "The body apparatus should be capable of generating a heat of at least 300 F. in fifteen minutes and 350 F. in thirty minutes at the outside, and of sustaining it there indefinitely, and the source of heat should be so ar-



No. 4.—Patient prepared for Local Application of Dry Hot Air to Leg from Knee Downward, with general Local Apparatus.

joints, hands, feet, limbs, back, abdomen, chest, etc., are necessary. The first is well shown in Cut No. 1 and the illustrations following give a really lucid idea of the apparatus for local treatment.

Cut No. 2 shows the apparatus for treating any part of the trunk which may require hot-air locally.

ranged that the flame cannot be directed towards the patient without having some non-conducting material interposed, however great the distance between them. It should be provided with valves, whereby the air may be changed frequently without lessening the heat to any great extent."

The local machine, which is the most

In irrigating after operations in the abdominal cavity never use plain water: there is nothing to equal normal saline sol. Leave some.

Don't, in your hurry to finish up, forget to dry the renal fossæ after irrigating the abdominal cavity. Most of the fluids drain there.

generally useful since it can be carried to the bedside of the patient unable to visit the operating rooms of the physician, should be capable of generating a heat of at least 400 F. in thirty minutes and of sustaining it there indefinitely.

In considering the high temperature used, patients may conclude there is danger attached to this form of treatment, but there need be no cause for any fear. The reason is that absolutely dry heat can be borne safely and with comfort at high degrees, while moist heat would scald and blister at low degrees. And, moreover, dry air at exalted temperatures, being more intense, accomplishes vastly more than ordinary vapor, steam, Turkish or Russian baths, or even the Hot Springs.

The apparatus used by the writer and which meets all the above requirements is made by Frank S. Betz & Co., of Chicago. The high temperature thermometer in each machine gives the operator absolute control over the heat as it is generated, thus making it a safe and truly scientific remedial agent, since the dosage can be regulated as is the case with modern electrical apparatus or the old-time drug preparations.

#### PHYSIOLOGIC ACTION.

**Local Treatment:** The action of hot air when applied locally is, in great measure, limited to the site of the application. For this reason diseased conditions which have local manifestations but are systemic as to their causation are not benefited permanently as is the case when the body treatment is used.

In true rheumatism, however, wherein the infection is focused around a circumscribed area (joint or joints), the local treatments with appropriate drugs

usually effect a radical cure, as the physiologic action of the hot-air is not only to remove infectious material but to stimulate active tissue change in the parts and induce normal nutrition. In this process the drugs administered do their part by modifying the body fluids chemically, thus making the combined treatment an ideally scientific one, and a cure of the diseased condition.

Pain and swelling are promptly relieved by hot-air treatments on account of the profound impression made on the local congestion and stasis, whereby these conditions are speedily removed.

**Body Treatments:** The large experience of Dr. Skinner, confirmed by the observation of the writer, as to the physiologic action of the body treatments, is that it is a reflex one through the spinal sympathetic nerves. "The area of skin treated being so great that the capillary circulation is able to dissipate the heat before it penetrates deeply enough to exert its action directly to any great extent, herein differing from the local application (Skinner)."

Microscopic and chemical observations made in connection with patients under his treatment have demonstrated that the following phenomena are susceptible of immediate realization by body hot-air treatments.

1. The number of white blood corpuscles is increased in different cases 15 to 50 per cent.
2. The red blood cells are increased 10 to 20 per cent.
3. The quantity of urine passed in twenty-four hours succeeding the treatment is usually increased 25 to 100 per cent, over that passed in the twenty-four hours preceding.



Bear in mind that an abscess of the abdominal wall may have its origin in the gut or some solid viscera. Go cannily.

In bandaging a hematoma after emptying, you will find that the common batting is more springy and elastic than surg. cotton: use it.



4. The quantity of urea excreted in the twenty-four hours succeeding treatment is increased 15 to 60 per cent over that excreted in the twenty-four hours previous.

He says further: "When we consider the large number of pathologic conditions in which the reconstructive functions are deficient, the modifications in the composition of the blood noted above assume an interesting significance;

In the body treatments the mouth temperature rises above normal from one to five degrees F. according to the length of seance and susceptibility of the patient. The pulse is accelerated thirty or forty beats per minute, is increased in volume and if previously weak becomes strong.

The respiration becomes deeper and is increased five or more cycles per minute; is not accompanied by any sense



No. 5.—Local Application of Dry Hot Air to Abdomen.

and when we think of the number and variety of diseases which are dependent wholly or in part upon the retention in the system of products of suboxidation, the sphere of the body hot-air treatment, as indicated by its effect upon oxidation and excretory function becomes extended within the limits of considerable magnitude."

of oppression but rather one of power and well being.

The perspiration is thrown off in large quantities and is more acid than normal, showing increased chemical elimination from the blood.

The patient usually feels a pleasant languor in ten or fifteen minutes and becomes drowsy and wants to sleep, and

In small and painful hematomae—especially of the face—it is better to aspirate with care before resorting to the knife.

After you have evacuated all the fluid from a hematoma, remember that the worst part of the contents—the solid clot—remains.

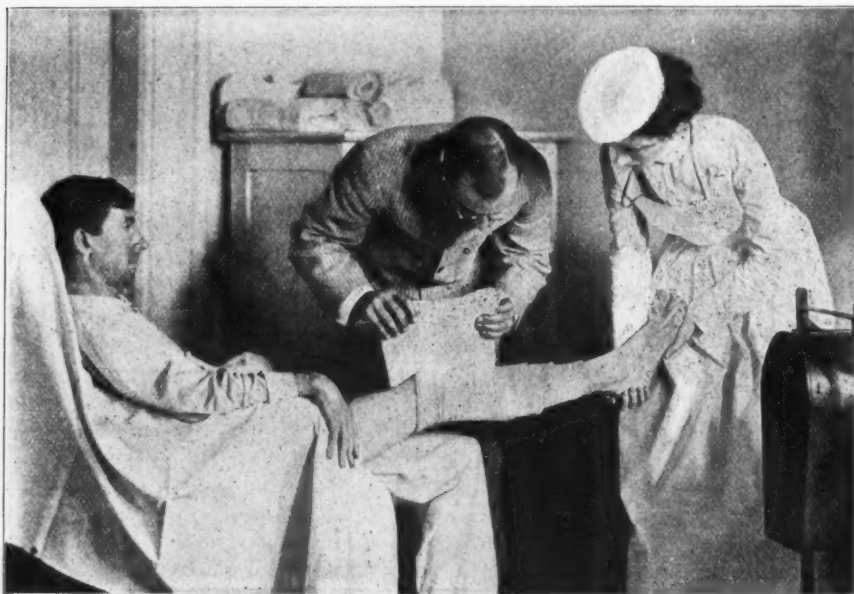
need never become exhausted unless allowed to remain in the machine for too long a time, which the skillful operator, of course, always avoids.

The stimulation of the trophic nerve centers produces more profound and rapid excretion of waste material from the body fluids, urea by the kidneys, than can be effected by nature or by mere drugs, and a healthy tissue metabolism is set up in those localities where

fresh air during the entire treatment.

#### TECHNIQUE OF THE TREATMENT.

The correct, painstaking method of preparing each patient for treatment results in the beneficial changes enumerated above, while improper technique will most likely result in discomfort to the patient and failure to cure the disease. Turkish towelling is used to wrap the parts for local treatment, and should be carefully and evenly applied



No. 6.—Applying Turkish Towelling Strips preparatory to Local Application of Dry Hot Air to Knee, with Special Knee Apparatus.

disease has become entrenched by microbic invasion, and the body powers of resistance to poisonous material are greatly reinforced.

The action of dry hot air is more efficacious when applied in this way than Turkish or Russian baths, because the patient's head remains outside the apparatus, thus allowing him to breathe

to secure uniform results in absorbing the perspiration to avoid blistering. This latter need not occur if proper care is used.

The following illustration, reduced from "The Therapeutics of Dry Hot Air," kindly loaned me by Dr. Skinner, shows how the towelling is applied for local treatment. The strips are seven



The best light for all work about the rectum is daylight; the next best thing is a portable electric light.

Never forget that there is nothing that will take the soreness out of the rectum so quickly as hot hamamelis solution 1-10.

inches wide by five feet long and hemmed like ordinary towelling.

For the body treatments loose bath robes of Turkish towelling are used and separate folds of the same material are applied about the knees and other locations as may be necessary to round out hollow spaces that otherwise might serve for the retention of moisture. The patient may lie as he prefers, on the back or side, so that he is comfortable during the treatments.

The length of time in the local apparatus is usually one hour. Less is insufficient; more unnecessary.

In the body treatments, Skinner's rule, subject to modification by the idiosyncrasy of the patient, is to allow

the patient to remain in the apparatus until the pulse-rate attains 120 beats per minute, and the mouth temperature is 2 degrees F. above normal. One of these results will be found in one patient, the other in the next, but the occurrence of either is evidence that the treatment has lasted long enough. The flow of perspiration is not a sufficient criticism to go by, as this may occur in some patients at a comparatively low temperature.

In a subsequent article I shall report in detail some cases treated by this new remedial procedure, and also in connection with other means contained in the armamentarium of advanced therapeutics.

Providence, R. I.

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#### THE NECESSITY FOR BETTER TREATMENT OF VENEREAL DISEASES.

By G. H. Candler, M. D.



IF there be one thing of which the general practitioner is more ignorant than another it is in nine instances out of ten, *Venereal Disease*. Yet this subject, together with that of sexual disorders comes pretty nearly being the most important of all the list. Man is first viable and then sexual—if normal. The same applies to woman. Next to the instinct of self-preservation the instinct of procreation is dominant. That the sexual desire often takes possession of both man and woman without any accompanying desire for progeny is true but Nature implanted the desire that progeny might result. Were there no "desire" there would be but few of either sex who would devote themselves to the perpetuation of the human species. Hence sexual desire has been made the

most potent impulse of life. In obeying it, there is, through the restrictions imposed by "Society" as at present constituted, not only a certain amount of danger, but, for the female, disgrace. The days when the male met the female and mated without further thought as to the ultimate consequences have long since past. The male, now-a-days has about all he can do—deprived as he is of access to the soil—to keep himself alive and when it comes to adding a mate and the probable results of that mating the matter of food and shelter become of greatest moment. But while it has become most difficult to live there has been no corresponding diminution of the sexual sense. Thus, the young male at puberty, debarred from mating according to social law by economic conditions, is apt to seek gratification

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Never, unless you are hankering for trouble, inject cocaine around the anus; the best thing here is the chloride of ethyl spray.

The finger is the main reliance of the really good rectal man: with it you can do twice the work you can with a steel instrument.

of a most natural impulse, illicitly. Should he have been brought up without a proper regard for woman and her purity he will avoid the maidens of his own "set" and either seek those of a poorer class even than his own (in which case the results are disastrous only to the unfortunate girl) or he tumbles headlong into the net of the courtesan. This need not necessarily mean that the woman should be a "woman of the town." There are, alas, too many women of easy virtue, who, betrayed by some other man, deserted by (*pro tem* or altogether) their husbands or unsatisfied therewith, are on the lookout for just such companions as the youth just entering maturity.

It is an old saying that the boy loves a woman old enough to be his mother while the man prefers the girl who could easily be his daughter. The reasons for this are not hard to find. Thus the unsophisticated youth is paired off with an experienced woman and from her he learns his sexual lesson. Of this class, many after a brief dallying with danger, find themselves in a position to marry and do so, bringing to the young wife to some degree a worn-out but still healthy body;—the mind may or may not be injured beyond the power of her influence to repair the damage. Others, however, fall into the slough of disease and it is with these that the doctor is best acquainted. The disorder contracted may be gonorrheal or syphilitic but in either case the man thinks that all he has to do is to get cured and then marry "and settle down" into a respectable citizen.

No one knows better than the experienced practitioner (unless it be the older victim himself) that there is no cure;—

that, in a greater or less degree, either of these diseases leaves its brand on the constitution of the man and worse yet, touches with toxic finger the very blood and soul of the children of such a sire.

The position is deplorable indeed but how can it be remedied? Year by year the young man finds it harder to obtain paying employment; at twenty-five—and it is from twenty to thirty that the sexual desire is most pronounced and unrestrainable—how many men of the middle class are able to take a wife? Not one in twenty. Then the nineteen must either quench the fires which have been lighted by Nature or they must cohabit illicitly. If they do the latter and avoid seduction they must of necessity run into danger of contracting venereal disease. As a matter of fact the more fastidious the man, the more careful to eschew the public courtesan, the more danger of contamination. Every doctor knows that it is the loose woman who comes under the head of "private property" who spreads disease. The "professional" is too well trained, too experienced and too anxious to earn money to allow herself to have intimate relations with a diseased man. But the woman who has yet some womanly traits and modesty, knows little of these things and if she unfortunately has relations with a diseased male, she goes to the next blissfully unconscious of the damage she is inflicting. I am speaking now of the better classes, not of the denizens of slums and dives who go on regardless of disease. Neither am I considering those wretched fools who under the influence of intoxicants repair to such places for their female companions. The matter I am dealing with is of so great moment that it needs



Before attempting to operate about the rectum, get a thorough knowledge of the anatomy and landmarks of the region.

It is almost impossible to pass a speculum into the rectum—unless it be the plain cylindrical—without causing pain.

studying minutely with the hope that in some way, something may be ultimately done to lessen the growing evil. Were it not that it spreads to the home—were it not apparent on the faces and in the blood of the little ones, it would not matter so much, but one day, sooner or later, these men will marry—presumably pure girls—and it is for *her* sake, for the sake of *her children* that the doctor must study and work.

Only a week ago a man came to the writer and told him that three years ago, on the point of being married to a girl, with whom he had "kept company" then for four years, he contracted syphilis. The wedding was postponed at the advice of a doctor for three years and the patient was assured that at the end of that time he might marry without dread of results. The treatment was faithfully followed but just two weeks before, after a vacation had been procured from his firm, the wedding day set for July 8th and the *trousseau* prepared for the second time, there had appeared a rash on his chest, which he feared, was specific. An examination proved this to be the case. Otherwise the man was in the very pink of condition. He lives a normal life, is clean, athletic and moral (now) and neither drinks or smokes to any extent. The confirmation of his worst fears sent him insane almost. To postpone the wedding a second time was, he assured me, an impossibility. To do that meant to lose the girl and break her heart. I asked if she knew the circumstances and he replied: "No." It was useless to forbid—as I did—the marriage. That *had* to take place. So, finally, this man told me he proposed to marry and then tell his wife the whole bitter story and remain her husband in

name only till I gave him a clean bill of health.

The mind turns sick at the thought of that young couple when, in the privacy of their room, the ghastly details are related. Modesty on one side, respect on the other, have, for years, kept these two from mating as Nature intended them to mate, and at last, when the law and the church have lifted their embargo, the man must go at the feet of his divinity and own that through his folly—folly caused by the excitement due to "sitting about" with the woman he loved—he must leave her day after day as he had before and that for long months he could be no more than he had been through all the weary time of waiting. A man may understand the feelings of the husband but it is doubtful if any but a woman could know the heart-ache of that young wife. And while the whole story is pathetic beyond measure, one cannot help feeling a certain amount of respect for the man who faces the consequences of his act so boldly. The punishment is certainly sufficient for the offence and who shall dare to add to it by one word of censure? The saddest part of it all is the suffering that must ensue for an innocent party and the shock which the love and trust of a woman must undergo.

Now it is quite reasonable to suppose that this man will keep to the position he has outlined for himself; he realized too well the terrible results that would follow the fracture of his resolution. But how many are there who would even attempt to act so? And how many who, even though they did start out as he has, would be able to remain apart when brought into such close juxtaposition?

Do not forget that the most painful affection of the rectum is also one of the least apparent, i. e., fissure.

It is a fact that in nine cases out of ten obscure disorders it will be found that a thorough dilation of the sphincter will relieve.



This one case will serve to impress upon the reader how essential it is for us, as doctors, to do our best for venereal cases. There must be no half measures. While we are doing our utmost to improve the conditions which give rise to such disasters, we must give to the victims an effective helping hand. Prophylaxis must be taught; the treatment of both gonorrhea and syphilis must be bettered and the patients themselves must be taught to do what we tell them uncomplainingly and with thorough confidence. And most important of all the treatment of such cases *must* be taken out of the hands of the quack and charlatan and the only way to do this is to secure the confidence of the sufferers and cure them as rapidly and thoroughly as is possible. The treatments hitherto popular among the general run of practitioners for gonorrhea were but poor imitations of the proper thing. In the first place, the minute structural anatomy of the penis was unknown to them and the fact that there were on the urethral floor *lacunae* in which the gonococci burrowed and hid was not realized by one in ten. Then no particular thought was given to the point that the walls of the urethral canal are in constant and intimate contact throughout the entire 24 hours except for the few moments during which semen or urine distends them in passing to the meatus. How can one expect to cure two infected mucous surfaces which are always in contact and riddled with "pockets" with irrigations or syringes?

These, to be effective, would need to be prolonged by the hour and that is not possible. Then the drainage arrangements of the urethra are not under-

stood well. This canal is self-draining throughout the penile portion. If the slight constriction which occurs at the *fossa navicularis* is dilated, the entire membranous urethra will drain itself of discharges *via* the *meatus*. All infections of the posterior portion of the tract are due to the toxic material present in the anterior urethra being pushed back into the bulbous and prostatic regions. Hence any foreign body that passes through the infected anterior urethra will carry with it into the posterior part of the canal such germs as are present, and as *this* part of the canal drains back towards the bladder, we get cystitis, cowperitis and prostatitis. The new Candle (Drainage) Bougie which combines a medicated regular bougie with a center wick or core also medicated with a strong gonococcide, comes nearer to solving the question of treating gonorrhea successfully than anything yet introduced. By its use the walls of the urethra are separated, medication is continuous and drainage is assured. If a primary irrigation is given before the insertion of the bougie and calcium sulph. exhibited internally there is no question that the gonorrheal poison is totally eradicated from the system. Clinical experience will perhaps add something to or change somewhat the present treatment but even as it is it offers to the practitioner the only approach to specific medication for one of the most stubborn and distressing of all diseases.

Syphilis, unhappily, remains to-day what it has been for centuries—the opprobrium of medicine. The mercurial method of to-day while it cures the gross lesions of the disease destroys the health of the victim almost as certainly.



Let your rectal patients tell their own stories their own way; they may say piles, and you may find fissure, but "that's another story."

If you want to diagnose a fistula, the internal orifice of which is hidden, inject peroxide into external opening and watch the bowel,

The so-called "vegetable cures" have been faithfully tried as a matter of desperation with the result that they have been dropped as worse than useless. The one method that offers some hope is that of the advanced alkaloidist. Mercury protiodide, stillingia, iodoform and the arsenates of iron, quinine and strychnine are given combined with that marvelous reconstructant, Nuclein, and the results obtained so far, tend to show that by this method the disease can not only be cured but that in a remarkably short time. Free elimination with magnesia sulphate or sodium phos. should accompany the other remedies and those who have been used to the uncertainties of the old style treatment will be astonished to see the almost immediate benefits which are apparent. Here there is a field for clinical experiment which is open to the least known

practician and the man who finally discovers the exact combination of remedies necessary to cure syphilis in its various stages will rank first among those whose names will be remembered as having made an impress on 20th century therapeutics.

The treatment of venereal diseases has too long been regarded as something *infra dig.* and the result has been that the best men have given this subject little or no attention. The fearful increase in immorality is due, as is our miserable treatment of the resulting maladies, to a wrong conception of the entire subject and it is the aim of this article to induce some few of the profession to bestir themselves and do their duty even though the doing of it may not lead them into pleasant places. As a matter of fact duty seldom does.

Chicago.

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### SURGICAL TREATMENT OF NEPHRITIS.

By Alexander Hugh Ferguson, M. D.

**T**HE Surgical Treatment of Nephritis or Bright's Disease" was the title of a paper published by me on the 11th of March, 1899, in the Journal of the American Medical Association. This is the first announcement that has ever appeared recommending a surgical treatment for Bright's disease. The date of this publication has been overlooked by Dr. G. M. Edebohls, in all his articles. Dr. Edebohls' first paper, entitled "*Chronic Nephritis Affecting a Movable Kidney as an Indication for Nephropexy*," appeared in the *Medical News*, New York, on the 22d of April, 1899, one month and eleven days after my first article.

On the 10th of February, 1899, a symposium on nephritis was the program of the Chicago Academy of Medicine, and the surgical treatment was assigned to me. At this meeting I related two cases of interstitial nephritis symptomatically cured by *decapsulation and multiple punctures*. I removed a portion of the kidney in each case, which was pathologically reported on by Drs. Klebs and Zeit, and they pronounced it interstitial nephritis. In these two instances no positive diagnosis was made before operating.

At that meeting I related several earlier cases, but inasmuch as I had not examined a section of kidney tissue microscopically in any of them, I

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On no account operate on a rectum for fissures, fistula or moderate piles, if a condition of pruritus with thick skin exists.

If you have pruritus with indurated and shining skin and other troubles are present also, cure the pruritus first.

thought it wise not to publish anything but the two cases in which that was done. Dr. R. B. Preble, while denouncing splitting of the capsule, etc., as dangerous and useless, terminated his remarks as follows: "While Dr. Ferguson's paper was interesting, still the bulk of the cases do not apply to nephritis at all (claiming that my diagnoses were in error), and the latter cases which were demonstrated to be nephritis have not recovered from their nephritis, but have been relieved of a purely subjective symptom." (*Journal A. M. A.*, March 11, 1899.) Time has proven him to be wrong.

*History.* In the *New York Medical Journal*, May 17, 1902, appeared an article from the pen of Guiteras, on the "Surgical Treatment of Bright's Disease," in which he gave an excellent historic review of work leading up to this subject. He, too, overlooked my first publication, March 11, 1899. He gives the more recent developments, and has added three cases operated on by himself. It is my intention in this short paper to briefly give the evolution of the surgical treatment of nephritis, and add a few more cases of this disease treated surgically.

*Acute.* Reginald Harrison made a mistaken diagnosis in three kidney cases (1878, 1887, 1893 and 1901) of an abscess in one and stone in the other two. He cut down upon them and found acute nephritis instead. It was fortunate for his patients that he and his associates were in error, for the operation cured them, and let me ask if in these cases a diagnosis of acute nephritis had then been made, would the knife have been recommended? I think not.

Newman (1896) observed in two

cases the beneficial influence fixation of the kidney had on *albuminuria*.

In 1899, Tiffany successfully incised the capsule and parenchyma of a kidney affected with chronic nephritis, complicated with *nephralgia*.

In 1886 Pean removed a kidney for *nephralgia* and chronic nephritis.

In October, 1899, Pousson collected 25 cases, and added two of his own; of hematuric nephritis, 10 cases; nephritis with *nephralgia*, 2 cases; subacute infectious nephritis, 4 cases; acute infectious nephritis, 9 cases. The kidney was removed in 11 of these, opened in 13, and one exploration, with 21 reported cured. These operations mentioned by Pousson included those of Harrison, Weir and Israel, and were undertaken, not with the object of curing Bright's disease, acute or chronic, but for some suspected surgical condition, such as abscess, tumor, stone, etc.

In 1899, Israel reported 14 cases of hematuria and *nephralgia* treated by nephrotomy. In 12 of these there was evidence of chronic nephritis. It must be remembered that Israel did not aim at a surgical treatment for Bright's disease, and recommended an operation only when there was hematuria or *nephralgia*.

In November, 1890, Naunyn, in writing of nephrotomy for bleeding in nephritis, stated that "nephrotomy may some day play a far greater role in the treatment of Bright's disease."

*Edebohls*, in April 22, 1899; 1901, and 1903, has given to the medical world his conceptions of the surgical treatment of nephritis, his operations and results. I wish here to recommend that work. He observed the beneficial effects of nephropexy eleven years ago. "My first

Pruritus ani, hitherto said to be incurable almost, will yield to peroxide of hydrogen and ichthyol and iodine in glycerin.

Never treat a case of rectal or vaginal disease without making both ocular and digital examinations. Insist on this.

case was operated upon as long ago as Nov. 29, 1892; my fifth upon April 1, 1897." (Edebohls, *New York Medical Record*, Dec. 21, 1901.) In speaking of his sixth case, in the same article, he says: "This operation, performed on Jan. 10, 1898, constitutes the first operation ever undertaken upon the kidney with the deliberate purpose of curing chronic Bright's disease, and in so far marks a period in the history of the affection."

This case was published in his first paper (April 22, 1899), after my first publication.

Dr. Edebohls' work has taken root, and we are here and there hearing of good results from other surgeons. Physicians in the first rank recognize that there is a surgical treatment for nephritis. To Dr. Edebohls is due the credit of individually working out this surgical treatment, and operating on more cases of Bright's disease than any other surgeon. While I am constrained to claim priority (first in publication), I cannot but feel proud of the distinction and record the Doctor has made for himself in trying to solve the limitations of kidney decapsulation in nephritis. In the *Medical Record*, New York (March 28, 1903), Dr. Edebohls publishes his experience, which amounts to no less than 51 cases treated by operation. It will be seen in the description of my experience our work has been developing contemporaneously.

I shall now very briefly refer to the development of kidney surgery before giving my personal work on nephritis. It is only thirty-five years since the kidneys have been operated on at all.

Like many of the other internal organs of the body, diseases affecting them were treated by internal medication. We can appreciate how Peaslee (1868) felt when he removed a kidney by mistake, taking it for a solid ovarian tumor. Although the patient died on the third day of peritonitis, two lessons have been learned by his mistake. First, the feasibility of nephrectomy, and, second, that urine was secreted abundantly by the other kidney.

Spencer Wells' case also died, but not from suppression of urine.

The following year (1869), Simon, of Heidelberg, purposely and successfully attacked the kidney for a ureteral fistula in a woman. I have no doubt that his experiments on dogs in this line better fitted him to successfully perform the operation.

Within seven years after the first removal of a kidney by Peaslee, no less than 233 nephrectomies were collected by Gross (1885). It would take some considerable time to reckon the number of nephrectomies up to date. The operation was extended beyond its reasonable and legitimate limits. Chief among the indications for the removal of a kidney were stone; pyonephrosis; hydro-nephrosis; tuberculosis; floating kidney; nephralgia; hematuria; and tumors.

Nephrotomy for stone (nephrolithotomy) was first performed by Morris, of London, only twenty-three years ago (Feb., 1880). Then nephrotomy gradually supplanted nephrectomy in many cases.

*Nephropexy*, by Hahn (1881), was the next important advance in renal surgery.

Chicago.



A man once treated a normal cervix (felt through the bowel wall) as a tumor: let your examinations be exhaustive and avoid errors.

The best lubricant for the rectum is the plain, white petroleum jelly that is marketed in tubes; beware of cheap vaseline.

## A CASE IN PRACTICE AND HOW IT WAS HANDLED.

By C. S. Cope, M. D.



**A** RIVER bearing its course through a mile wide valley, carries its waters onward into the outstretched arms of the waves, that shall rock them to sleep on the bosom of the great lake.

On either hand rise bluff-like hills, pierced at frequent intervals by narrow vales, that marking the course of creeks, give a delightfully diversified appearance to this region. Cut by aqueous erosion, into fantastic shapes of bench, knoll, kopje, and hillock, receding from the larger valley, in tumultuous order, and chasing each other in diminishing undulations, they blend at last with the tableland stretching away to the horizon.

On one side of this valley nestles a little city of perhaps six thousand people. From highwater mark, to hill crest, the streets following the sinuosities of the river, reach backward and upward, in successive steps and gradations, when at last gaining the summits they go off in rectangularity, to lose themselves in the travelled roadways, and shady lanes of the outlying country. In one place the ascent is so precipitous, that after an upward slant of the width of several blocks, it is necessary to invoke the aid of stairways and terraces in order to gain the top. This is the short way up, and the route chosen by those in a hurry; and invariably by those who delight in beautiful scenery.

From this vantage point may be observed ribbons of railways, arriving and de-

parting trains, here and there detached engines darting back and forth, placing cars and fuming and steaming in a very frenzy of haste; their breathings mingling with the exhalations of huge stacks that at frequent intervals mark the location of manufacturing industry; the endless passage of teams and trams, the coming and going of pedestrians, the animation and bustle of city life; and over all the bending blue of the heavens, the fleecy whiteness of floating clouds, the gleam of the river, a glimpse here and there of an islet, or the span of a bridge; the charm of the valley, and the grandeur of the hills, all go to make a picture fit for the canvas of an artist.

Our story begins with the ascent and descent of this staircased hillway. Three blocks back from its top was the place chosen by a newly-wedded couple as their future residence. The husband being absent at his work, it devolved upon the wife to arrange the settling of the house. Her work was interrupted by the failure to arrive of some of her goods, and to ascertain the cause it was necessary to make an expedition down town over the hill staircase. Before the sun set, no less than four such trips were made. The ascent is several hundred feet, yet to her the descent was even more disastrous than the ascent. As evening approached she was taken suddenly ill; and a physician sent for. There was severe pain in the bowels, spreading rapidly all over the abdomen. Very tender on the right side. The pain was paroxysmal and increasing in severity, this was accompanied by fever and

Make it a point to have some woman friend accompany your female rectal patient to the office: this may save a suit.

To examine your rectal patients, have them lie on the left side, covered with sheet and with hips drawn up at right angles.



sweating, attended by vomiting and constipation. Her condition grew worse daily; a large tumor was found in the right side, which her physician said was an ovarian tumor and which he assured her must be removed as soon as she could with safety be taken to a hospital.

To the pressure of this tumor, was assigned the reason no passage of the bowels could be had. After struggling with the case for ten days, the physician was dismissed, and the writer called in.

Found a young, married woman, of good family history, had always enjoyed good health, with the exception of habitual constipation. This she ascribed to her sedentary occupation, that of seamstress. Although married she still menstruated regularly. Temperature 102, pulse rapid and thready, tongue coated, great thirst, followed by immediate vomiting. Dorsal decubitus, knees drawn up over the abdomen, pain provoked on extension of limbs. Abdomen enormously distended with gas and tender to lightest touch. Palpation revealed extreme tenderness over the region of McBurney's point. Beginning at the union of the small and large intestines, there was a well defined tumor, reaching from low down in the right groin, up to the hepatic flexure, and across the abdomen. The skin was bathed in a cold, beady perspiration, the pain was paroxysmal and excruciating; the countenance pinched and anxious. To the interrogatory, "Doctor, can you do anything for me?" I could only say, "I will try."

Treatment: Interdicted all food and drink. Gave in a little water fifteen grains of a mixture containing acetanilid, caffeine and sodium bromide. Left

several such powders with directions to give one powder every four hours as long as there was fever. Placed on the table ten tablets, each containing one-tenth grain of calomel and calling for two glasses, each half full of water, I put in one five drops of tincture of Arnica Montana (this was for the soreness of the abdomen), while in the other glass I placed ten drops of tincture of bryonia. This was for the thirst, and to relieve inflammation of the serous membranes of the abdomen.

The following directions were given: One teaspoonful in alternation every half hour, and with each dose give one tablet. In a teacup of hot water were dissolved the following: Strychnine nitrate grain 1-60, hyoscyamine (alkaloid) grain 1-250, magnesium phosphate grain 1-6. Dose, one teaspoonful in two teaspoonfuls of hot water (as hot as can be taken without burning the mouth), and repeat this dose every five minutes till the pain is relieved.

Calling the nurse aside, I bade her prepare an enema of hot normal salt solution.

To this she entered a vigorous protest, saying that "the other doctor had repeatedly tried to give injections and had failed, and that the patient could not retain either by mouth or rectum."

Notwithstanding the protest, the preparations were made.

I gave directions to take the patient gently from the bed; to lay her crosswise of it, only allowing the limbs to rest on the mattress. The abdomen was to be drawn clear of the bed. With the breasts resting on the folded arms on the floor, the buttocks were elevated and in this position the enema was to be given. With directions to repeat the injections

Accustom yourself to the peculiarities of the sphincter ani; in its normal state in the young it tightens on the finger.

If the sphincter ani feels like a cord around the finger, or if it is dense and thick it is abnormal and needs dilation.

every thirty minutes till the bowels moved, and to phone me in three hours, I withdrew.

My first call was at 4 o'clock in the afternoon. At seven the nurse telephoned saying that "the ovarian tumor was passing by installments per rectum," and "that the bowels began to move after the third injection."

I instructed her to keep the patient as quiet as possible; to continue the medicines, unless she slept, and to cover the entire abdomen with a thick poultice of Antiphlogistine as hot as she could bear.

Called the next day at ten in the morning, and found the patient somewhat better. There had been several small passages during the night but there was still much impaction. The fever was down to 100, the bowels less sore, the thirst abating. Continued the medicines and the poultices, directing an enema at noon, at supper time and at bedtime.

Third day, improvement, temperature 99, pulse better, skin more natural, impaction less, abdomen less sensitive to touch, the passages were growing thinner and the odor was foul. Discontinued the calomel and gave every three hours, ten grains of the sulphocarbolates of sodium, magnesium and calcium.

Called the following day, found the patient hopeful and hungry. Allowed small piece of zwiebach, this to be taken hot and dry, and to be thoroughly masticated before swallowing. The pain being gone, discontinued the solution in the hot water, kept up the other solutions. Gave before eating—which was now allowed every three hours and which consisted of zwiebach alone—1-60 grain of strychnine arsenate, and after eating, gave 5 grains of triple

sulphocarbolates. Kept up the enemas three times a day, as there were yet passing scybalous masses; continued the poultice and the solutions. The following day finds a normal temperature, the appearance of the abdomen is quite natural, some tenderness the whole length of the ascending colon. Directed gentle massage before applying poultice.

Next day patient is sitting up in bed, wants more to eat. Allow soft eggs and small cup of tea. Treatment continued.

Following day patient desires to get up, and is hungry before it is time to eat. Tenderness of the colon much relieved; ordered now before dinner and supper, one heaping teaspoonful of effervescent sulphate of magnesia in half glass of sweetened water.

Only one enema to be given daily, and that an hour before retiring. Discontinued the solutions as the pain and soreness and inflammation were gone, left out the triple sulphocarbolates as the stools were normal in odor and consistency.

Continued the strychnine and the poultice. At the tenth visit discontinued my calls. Before going, however, I left strychnine enough to last for a week, allowing 1-60 grain three times daily as the patient could now sit up and eat and digest a frugal meal morning, noon and night.

This is the story: One of "the short and simple annals of the poor." And this is the treatment: A divergence in some particulars from the beaten track.

And now as to the salient points in the case: The diagnosis of the first physician was evidently erroneous. When I gave you the symptoms of the case you thought of appendicitis; and I have no doubt that had this case oc-



In many old and debilitated people the sphincter ani is relaxed and flabby: just the same dilation will do it good.

In dilating the sphincter ani in infants or children it is inexcusable to use instruments: use your fingers or thumbs.

curred in a large city, the patient would have been hurried off to a hospital, and an operation had for that disease. But would this have been necessary? The sequel shows not, for the patient recovered without surgery. In all the time of treatment I could not discover that the appendix—*per se*—was an offender in the case, or that it was involved to any great extent, any more than any of the adjacent organs. The first physician was blinded by the case, and made a diagnosis that kept him in the dark and lost him his patient. We should not, however, pronounce harsh judgment upon him, for it is an easy thing to make mistakes.

Do I hear you say that "you never make mistakes?" Perhaps you never did, but you will; it is the heritage of us all, and whether it will be this week or after the waning and waxing of many moons, it will surely come, and then you will spend the best part of a year in kicking yourself for having made it. When the trained medical mind does make a mistake, it is usually of colossal proportions; for from long familiarity with disease, we come to consider ourselves error proof, and, as Shakespeare makes one of his characters to say, "Good, easy man, he thinks his crops are all a ripening; there falls a frost, a killing frost, and then he falls like Lucifer."

It behooves us to make a diagnosis doubly sure, before we grasp the knife, or draw the cork from the bottle. There is in the construction of the eyes of birds, an inner or third eyelid, called, as you know, the nictitating membrane. When the aquatic bird is diving, he draws this membrane over the cornea and while protecting it from injury

from the water, he is able to pursue his quest on the bottom of lake or pond with a certain degree of sureness, but not with the accuracy of vision he possesses on dry land, else he would wear it all the time. Now when the medical man allows his clear vision to be obscured by hasty conclusions, or snap-shot diagnosis, he covers his intelligence with a curtain as opaque as that on the Hartshorne shade roller which he pulls down over his office window, after the last patient has gone, and he is ready to close up for the night. Brethren! let us ever pray for the clear vision and that we may never wear the *membrana nictatorium medicale!*

But, returning to our case, you ask "was not this a case of appendicitis?" And I answer, "No." There was complete occlusion of the bowels from impaction of fecal matter. The tumor was a largely distended colon that could be felt extending from the cecum to the liver, and across the abdomen. The fever was caused by the absorption of materials from the bowels; a case of autotoxemia. The pain was produced by pressure and the spasmodic attempts of the bowels to rid themselves of an offender.

And now as to treatment: The reversal of the body removed the heavy mass from downward and backward pressure, drawing it away from the seat of greatest pressure and permitting the escape of some of the imprisoned gases. This procedure will be found of great assistance in the treatment of colic and intestinal obstruction. I have by this means alone cured many cases of pain in the bowels due to incarceration of gases without resorting to medicines. The boy with the bellyache from eating



Never insert your finger into the rectum ungreased or with force: sweet oil and insinuation here (as elsewhere) work wonders.

On gently parting the anal opening you will often reveal conditions that will explain a whole chain of hitherto mysterious symptoms.

green apples, by intuition assumes this posture when he rolls in agony over the cider barrel, his abdomen tightly pressed to the cask's greatest diameter.

In the case before us it was the only position in which an injection could be given and retained. In obstetrics, this standing on the head of the parturient, will help you in solving the difficulties of wrong presentations.

While old mother gravity pulls the presenting head away from its destructive pounding on sensitive parts, you may by manipulation correct a faulty presentation. A word as to the liquids used; they will bear a close acquaintance. For the removal of thirst and the soreness complained of in these cases, and for the relief of inflammation of serous membranes they give uniformly satisfactory results. As to Antiphlogistine, the physician who knows it not is himself unknown. It is cleanly and complete, nicely superseding the sticky poultice and greasy liniment of the past. The prescription given in hot water is a favorite formula and takes the place of anodynes in this class of cases. You observe that no morphine or other opiate was given, although the patient

was in great pain, also that no alcoholics were administered either in the midst of active treatment or in the convalescent stage. Both alcoholics and morphine had been given with a free hand before I assumed the care of the case.

In closing will you kindly accept a word of apology for this paper; rambling and discursive it has sought to entertain as well as to instruct.

Medical men are apt to content themselves with a bare statement of facts, or else to cover their subjects with a Gladstonese verbosity that while filling space only serves to weary. It is to change the monotony of the usual medical thesis that I have turned to a lighter vein of expression, that our minds may be led in pleasant paths and not always in the "dry as dust" highway.

Duty is calling me to the bedside of the sick and suffering, yet as I hasten onward, there follows me a lingering sweetness like the delicate odor of a faint perfume. 'Tis the nearness of your presence and the delightful memories of the scenes we have enjoyed together.

Ionia, Mich.

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### IMPACTED GALL-STONES AND NEPHRITIS.

By C. C. Gentry, M.D.



PATIENT B. H. H., born in Wisconsin, moved to Missouri in 1894, age 37, occupation P. O. mailing clerk, small, thin and delicate, eight or nine years ago had protracted sickness diagnosed by his physician as liver disease. Several years ago passed a renal calculus from

the bladder the size of a small marble, has had light attacks every few months for years the history of which I think points to gall-stones. The first of January I was first called to see the patient; he was at that time suffering from something like gastritis. Symptoms, subjective; suffered mainly in stomach but

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Never forget to keep the bowel locked for forty-eight hours after any operation around the rectum: open with oil and enema.

The best method of opening the bowel is to throw up four ounces of olive oil: after thirty minutes follow with a quart of hot water.

at this time the liver was very tender, especially over gall bladder, and a very foul tongue which patient claimed had been so for years. After a few days' treatment the patient was able to return to work. During this attack he had a normal temp. and pulse. I was called to see him again March 21, and found the conditions very much the same as before with rather more tenderness over liver and stomach and extending on right side to kidneys and pains running up under right shoulder blade; organs below umbilicus seemed in normal condition. Patient at this time not confined to bed but would walk around in a bent forward position with hand supporting stomach and liver. After two or three days he was so much improved that he tried to resume work but was not able to continue and on the 25th I was called to see him again. I found him suffering intense pain over liver and stomach, location of pain same as before, with constipated bowels. Gave  $1\frac{1}{2}$  grains calomel and soda, and saw patient again in morning, condition much the same, had one free motion from calomel, pulse and temperature normal, pain much the same, had been taking dram doses of Papine every hour or two with only slight relief. Saw patient in morning, condition not improved, but rather worse, no action of bowels since previous morning and some distention and fullness; ordered Saline Laxative, a heaping tablespoonful in half a glass of water every three hours till free action. I gave two tablespoonfuls before leaving and a tablespoonful was given every three hours until four doses were taken. I saw patient at six in evening and no action from salts, so I ordered enemata of glycerin in a pint of hot water.

At this time pulse 84, temp. 99. Saw patient at 9 a. m., still no action of the bowels, meteorism very prominent, bowels tender, could hardly allow them to be touched but suffering very little, the relief of which I attribute to the use of hyoscyamine which had been administered with strychnine arsenate and emetin, the physiological signs were present, the pupils dilated and throat dry. Pulse was now 108, temp. 99. At this time gave colonic flushing using three pints salt solution, oz. 3 of glycerin, using No. 12 catheter for tube.

After retaining this about ten minutes it passed with quite a lot of gas but very little fecal matter. Some temporary relief of symptoms. Saw patient again at 6 p. m., had Dr. McBride called in consultation. Pulse 84, temp. 100, bowels very badly distended and very tender to the touch. Dr. McBride diagnosed it as appendicitis, with local peritonitis. Prognosis unfavorable. He was rather undecided in his diagnosis, between impacted gall-stones and appendicitis. In consultation I proposed another colonic flushing, which I gave him myself, using two pints salt solution, and 3 oz. glycerin, with one dram of turpentine. This was retained ten minutes and was passed with a large amount of gas. He also belched freely. The taste of turpentine was very perceptible, but very little fecal matter passed. There was decided relief of the symptoms. When I helped the patient up from the vessel he stopped suddenly, and said something had torn loose about the lower part of the liver, indicating the place by placing his hand on that spot. He also complained of the pain, a stinging, burning sensation.

We left the patient at 8 p. m., rest-

Curette and touch with silver nit, old ulcers around and in the anal orifice: in this way you will give quick relief.

Gradual dilation of the rectum with irrigation through dilator is a good treatment for the old and weak: otherwise dilate at once.



ing fairly well, which continued until 12 o'clock, when the bowels and stomach became so distended that he could hardly breathe; but fortunately at this time the bowels began to move, and between that and morning he passed an enormous amount of fecal matter, so I was informed.

When I made my visit at 9 a. m., found the patient resting comfortably. Bowels collapsed flat, tenderness all gone except over the liver and stomach, and that very much diminished, no sign of thickening or tumefaction over the region of the appendix now, pulse 116, temp, 98.5.

I again visited the patient at 6 p. m. found the condition much the same as in the morning. The bowels had moved several times during the day. Pulse stronger, and regular at about 108, temp, 99.

I visited the patient next day at 9 a. m. found his condition very much improved, temperature normal; pulse 86, of good volume and strength. The patient wanting to eat, we allowed him a small amount of liquid food, and cautioned him to keep very quiet and not under any circumstance to get up and take solid food during the day. He vomited once or twice, throwing up a quantity of bile. This was the first time any bile had appeared, though he had vomited several times, but not severely.

I failed to see the patient in the afternoon, but was called at 8 a. m. next morning and found the patient in a state of collapse. While the family were at breakfast he had gotten up and walked through two rooms to the dining room, and asked for a pancake, saying he was hungry. He fell on the floor, was taken

up and placed in his bed, where I found him a few minutes later in a state of collapse, no perceptible pulse at wrist, and I could hardly hear the heart-beat by placing my ear over the chest. I administered as quickly as I could a hypodermic of 1-30 gr. of strychnine and 1-25 of glonoin; gave one tablet of glonoin every five minutes, crushed in the mouth. It was twenty minutes before Dr. McBride or I could detect any radial pulse, but finally reaction was set up, and a very weak pulse could be distinguished, which gradually gained strength. In thirty minutes I gave another hypo of strychnine and digitalin, gr. 1-20 of the former and 1-30 of the latter. Two hours later we gave by the mouth gr. 1-30 of strychnine and 1-30 of digitalin, which were continued every two to four hours. The patient's condition gradually improved.

April 1, I saw the patient at 9 a. m. Pulse above 120, strong and regular; temperature 98, wanting something to eat—he said they were starving him. I allowed a small amount of liquid food, which the stomach seemed to digest. I had Dr. Poal see the patient with me. He diagnosed appendicitis, and gallstones, with a favorable prognosis.

April 2 I saw the patient's condition improved, pulse regular, temp. normal. Nurse complained of the patient not being able to pass any water. Examination showed no distention of the bladder; passed a catheter and got only about one ounce of liquid, a little high colored but otherwise normal in appearance. By the by, I failed to state that about the 27th of March the patient had trouble to pass water, and I drew it off once. After that he was able to pass it again, but the

Bear in mind the possibility of complications: do not treat a "pile" when you have a stricture higher up to deal with.

Pruritus ani may be due to some vaginal trouble and you must find and cure the latter to benefit the former.

quantity was very scanty but it increased after giving large doses of digitalin.

At 6 p. m., general condition better, pulse 108, temp. 98; but the bowels were somewhat distended not having been moved for 36 hours. No urine passed for 24 hours and there was none in bladder, so I decided to give another colonic flushing. I injected hot salt solution, a dram to a pint, with glycerin and one dram of turpentine. This had the desired effect, and moved the bowels nicely; but before using this I gave a hypo of strychnine and digitalin each gr. 1-30, pilocarpine gr 1-20, morphine gr.  $\frac{1}{4}$ , with atropine and hyoscyamine each gr. 1-12. One hour before this the patient had been given gr. 1-30 each of strychnine and digitalin, and gr. 1-250 of hyoscyamine. This produced a slight twitching of the muscles and dryness of the throat.

I now began giving gr. 1-30 of pilocarpine every 30 minutes. I staid with the patient until twelve o'clock, watched pulse very close, and at midnight the patient was in a moist perspiration. He had been very delirious since early morning, picking at the bed-covers and reaching for imaginary objects. I ordered the pilocarpine repeated every hour in the same doses till free perspiration occurred or kidneys began to act; at the same time continuing the strychnine and digitalin every three hours. This was continued until the following evening, when the patient grew quieter, the delirium subsided, the kidneys mover freely; but the first two times he passed water he almost went into spasms from pain, and the ammoniacal odor from the urine was so strong

that one could hardly stay in the room till the windows were raised. The second time the water was passed freely and easily.

I now changed from pilocarpine to Urotropin, about 8 grains every four hours. The patient gradually improved, the bowels and kidneys acting normally, appetite and digestion good.

Now, I think this is a case that demonstrates the efficacy of the alkaloids and active principles; and especially in extremities. If it had not been for the prompt administration of strychnine, digitalin and glonoin, this patient would have died. Every few minutes Dr. McBride would feel the wrist, shake his head, and say: "He is gone. He has no pulse." But though the patient was unconscious I managed to get those glonoin granules crushed in his mouth, the effect was produced, and the patient lives.

Never say quit, *you who use the alkaloids or active principles*. Never mind if the heart does stop for a few minutes, if there is the least sign of respiration give glonoin, have the granules crushed with the teeth, if you can; if not give hypodermically combined with strychnine and digitalin. They won't fail to give results if the patient is not already dead.

This patient has recovered his usual health, and has been at work about three weeks. He was at my office about two weeks ago, and I made an examination. I found his liver decidedly enlarged and very tender, also tenderness over the stomach and right kidney. He is taking sulphate of soda half a dram in half a glass of water every morning, and

In every case of prolapsus ani think of the possibility of internal piles. These force down the membrane.

Constipation is often due to the prolonged pressure of the fecal mass or paralysis of the sensitive nerves of the rectum.

strychnine, emetin and cascara three times a day. I think I shall have him change from the phosphate to the succinate of soda. What think you? And what more should be done? I have great faith in the alkaloids and active

principles, and THE SURGICAL and ALKALOIDAL CLINICS.

Webb City, Mo.

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Let him take the succinate, 20 grains a day for six months.—Ed.

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### THE REMOVAL OF URETHRAL CARUNCLES AND WARTS.

By Geo. H. Candler, M.D.



CORRESPONDENT has asked me for some information in regard to urethral caruncles, failing to find anything satisfactory on their treatment in the works on Minor Surgery in vogue.

There is no particular method to describe for the removal of the ordinary urethral caruncle. If there is one it is usually the most that will be found, and this little growth can be extirpated with a small pair of scissors in a moment; the only precaution that is really called for being asepsis. And, as a matter of fact, that has not as a rule received the attention that it should. The ordinary man, having convinced himself that there is a caruncle present, gets his scissors and a pair of tissue forceps, grasps the growth in the forceps and promptly snips it off. And to my knowledge that is generally all that really needs to be done.

But, though the operation for the removal of the caruncle is of such a simple nature, the pain caused by one of these annoying growths is severe and often amounts to an almost intolerable agony. This pain may, and often does, radiate to the adjacent parts, and at micturition and during coitus they cause so much annoyance that removal is called

for imperatively. Bleeding is not uncommon. It is possible for the caruncle to grow and attain the size of a strawberry. In these instances it assumes a bluish or purple color as a general thing. Though in the young woman these urethral warts are not of a dangerous character, as the possessor grows older the matter becomes more serious. The most simple wart has a tendency to become cancerous in old age, and not infrequently these seemingly benign spots have been the *fons et origi* of labial epitheliomata. It is asserted that before the fortieth year the urethral caruncle is only serious from its painful nature, but after that age it cannot be too carefully watched. The more vascular the growth the more danger of its becoming cancerous, and a caruncle of this character should be promptly excised.

Now as to the removal of these more complex growths: The wart itself is a simple affair. The local asepsis should be perfect. The wart and the surrounding parts should be well washed with a carbolic or, better, a corrosive sublimate solution—1 to 2000—then the part to be removed may be covered with a wad of cotton soaked in a 5 or 8 per cent solution of cocaine. The writer has in two

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In old cases of antral empyema the secretion is usually very foul: in the more recent ones, odorless.

The pain of empyema of the antrum is often referred to remote spots: even occipital distress may be complained of.

cases used the ethyl chloride spray, and though the freezing of the membranes is not as pleasant as it might be, perhaps it is effective, and the removal can be accomplished without any pain. If the lesions are of considerable extent it may be well to produce general anesthesia.

Some few men are fond of using and recommending caustics; they should, however, never be used here. With a Volkmann spoon or dermal curette the small vegetation can be removed without trouble, though the writer prefers the scissors. Get the growth well out; if you "scrape" go well into the sub-jacent tissue. Sessile warts can be destroyed readily with a strand of silk tied tightly around the pedicle. The small commercial rubber band will often serve the purpose excellently. In the large vegetations the best thing to use for their removal is the galvano-cautery, and with the smallest wart if it is close to the meatus the best plan perhaps is to snip, scrape or tie off. Bleeding is often a troublesome sequel, but this is readily controlled with a few drops of iron persulphate solution. The use of iron alum, which has often been recommended by the writer in the CLINIC, will please anyone who may try it. Make sure that the whole growth has been eradicated, and to make sure of this

it is well to operate in a good light and use the urethral speculum.

In those cases where it is impossible for any reason to operate, then the part may be touched with equal parts of calomel and salicylic acid; or tr. iodine may be used. Here as before it is needful to wash the parts well with corrosive solution, followed by the most rigid asepsis. Thorough and prolonged fomentations with hot water and soap will help you to get a clean field.

Briefly, the main things to bear in mind are: Asepsis, the avoidance of the use of acids, and the careful doing of any cutting so as to avoid the possibility of cicatricial growths about the meatus. The surgeon should for his own sake impress upon the patient the possibility of the return of the wart. If this occurs in an elderly person the attendant should have the tissue examined microscopically.

There is a somewhat widely spread idea that the removal of those warts from a pregnant woman will cause abortion. This is not the case as a matter of fact, and as sometimes these things grow during pregnancy with almost magical rapidity, and may serve to impede parturition, they should always be removed at the first opportunity.

Chicago.

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#### THE PROPER TREATMENT OF THE EVERYDAY "CUT."

"Instead of telling us all the time about the more rare and difficult operative procedures, suppose you tell us old-fashioned, back-woods doctors how to dress a cut of any dimension likely to demand attention, in the best and most

up-to-date manner." Thus, among other things, writes a correspondent of THE SURGICAL CLINIC and as the one aim of this journal is to give what is wanted, the subject is taken up at once.

Until one begins to try and tell some

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If a patient has pain over malar bone, behind eye, back of orbital cavity or one-sided neuralgia, suspect empyema of antrum.

If called to a case of epistaxis make an immediate examination by a good light: never "plug" as a first step.

one else just what is the very best thing to do in cases of "solution of continuity," the subject seems trivial enough, but as it crosses the mind that there are fully a score of methods of treating fresh wounds and that the man who uses one of them is positive that his is the best way, the task is not so alluring.

To begin with, the wound may be treated "dry" or the wet dressing may be preferable. Then the condition of the lesion itself has a good deal to do with the procedures of the surgeon. However, taking up first the most common injury—a cut of the hand, arm, foot or leg, the attempt will be made to give one way of treating it, which, if not "the best," is good enough. Unless the lesion has occurred under the surgeon's nose it will be by the time he gets it, septic and probably there will be more or less clots and some temporary homemade dressing present. The latter should be removed and with a carbolic, iodine, boric acid, or corrosive sublimate solution the wound carefully cleansed. For a long time I have used as an initial "wash" a 1-1000 corrosive solution; chiefly because I disliked the smell of carbolic and also hated to carry it. The "cut" having been cleansed, the extent of damage to the tissues must be noted, and if a vessel is severed it should be tied if large, twisted if small. Then, with a mop of aseptic absorbent cotton dry the cavity and dust in a powder of acetanilid one part and boric acid one part. There are other powders—proprietary and non-proprietary—from aristol to powdered sugar, but this will prove inexpensive and as good as any in this class of work. Now see to it that the skin around the wound is clean—ol. eucalyptus or cinnamon is an excellent thing here—and

then draw the edges well together and, if the wound is any size, stitch with fine silk, taking pains not to make undue tension. This may be avoided by having some one keep the edges in apposition throughout the suturing and placing afterwards, if there is any indication of "gaping," a strip or two of adhesive plaster where it will best keep things together. I pass all my sutures before tying and find it works better. Now, having a sutured and dry wound, either dust aristol along the line of stitches or paint over it a film of iodoform-collodion. Apply a pad of absorbent gauze and a bandage and your conscience should be clear. Of course if the wound has been a serious one with either nerve or tendon severed, these must be sutured and that calls for delicate needlework. The rest of the work will be the same, however. In minor cuts I have ceased to use stitches—especially when they are around the face. Instead, after preparing the wound as indicated, I draw the edges together with a strip of surgeon's plaster applied about an inch from the edge of the wound on either side and then while these are held by some one—pulling on the loose ends—either apply collodion, using two or three coats, or, after placing glutol along the incision, place a triangular piece of plaster with the broad sidewell over from one edge and the apex at least half an inch on the other side.

In all small cuts this method is most satisfactory, as, by pulling on the point, after the base is well adherent, you can totally close the wound and keep it closed as you fasten the point. The old, long, untidy strips are not "the thing;" if many are needed it is better to suture and, where one or two will suffice, the triangle is superior. A hint here as to



If you really want to cure constipation, throw your drugs away and use the methods of Nature herself and you must win.

If you must give drugs to your constipated people because they won't do right, use only cascara-sagrada and sweet oil.



the material for suturing face wounds. The very best thing is horse hair. It leaves no "stitch scars," is strong enough and is easily threaded and passed through the tissues. Just get a wisp from some healthy, well-groomed horse's tail. Boil it in a carbolic solution for a few hours and then put it away in a sterile glass jar. If you want to, you can sterilize it before using, but if it has been kept right, there will be no need.

This disposes of simple "cuts" but there are lacerations and "smashes" which, as a rule, are the things which call for a man's ingenuity and reserve knowledge. In very extensive lesions of the hand or foot it is best to cleanse the parts, remove all shreds or certainly useless tissue and after securing any vessels, etc., apply a wet dressing and let twenty-four hours or even longer elapse before deciding just what you will remove or retain. If the extremity is kept in such a position that a steady drip from some vessel containing an antiseptic fluid falls upon it, you will find at the end of a day or so, there is much useful tissue that at first would have been condemned and removed. In fact, there is no "smash" so bad but will be benefited by this continuous wet-dressing method. The only thing needful at first is to bring the parts together, stop bleeding, connect tendons or muscles and then keep things just as aseptic and quiet as possible. To relieve the pain, give anything you wish except the coal-tars. I have found full doses of *passiflora incarnata* succeed best. The irrigating outfit can be easily rigged up and may consist of anything from the family fountain-syringe bag to a big bottle with a hole in the cork through which push a rubber tube bringing the end over the

injured part which should be placed on a pillow covered with a piece of oil-cloth. The amount of current can be regulated by knotting the pipe. The compound menthol tablet (A. A. Co.) will be found about as good as anything for making the irrigating solution. It acts as a stimulant and the menthol deadens pain somewhat.

In thirty-six or forty-eight hours you will be able to tell just what you must remove and the wound will, as a matter of fact, be in a better state for operation. Once you have decided on what you will do, do it thoroughly and then dress as after any other operation of similar magnitude. There is no excuse for sacrificing fingers or other parts of a man's anatomy, when, by a little patience, they could have been spared. It should be remembered that even a little finger and thumb will often allow a man to earn a living at some of the industries calling for dexterity and skill rather than strength. And, anyway, it is the surgeon's business to save wherever and whenever he can.

As regards asepsis and antisepsis. Theoretically there is no wound surgically clean except that wound has been made by the surgeon, but practically we meet with wounds every day that are clean, dirty, dirtier and absolutely filthy. The first is diagnosed by inspection, history and a look if possible at the injuring medium. A clean cut with a razor for instance is apt to cause little trouble and, if treated aseptically, will heal up promptly. In this case, if in a hurry to seize vessels, pass your forceps through a flame (a candle or match even will do) and rinse in clean water. A couple of hairpins will make retractors. I like as a rule in those wounds that are somewhat

After disregarding the call of nature for awhile the fecal mass is returned to the sigmoid for twenty-four hours.

Nature insists upon the emptying of the rectal pouch once a day: if she is thwarted the surgeon makes money.

punctured and deep to apply a wet dressing for the first twenty-four hours; then, when it proves on uncovering to be in a good condition, the regular dressing can be substituted. These deep wounds, however trivial they look "on top," are apt to have the germ of trouble deep down. Of course if it is certain that the wound was made with a dirty instrument—and most of them are—there is nothing for it but to institute the most vigorous antiseptic measures. Scrub and clean the neighboring parts and if necessary enlarge the wound and insert a piece of gauze for drainage. All wet dressings must be inspected and changed in twenty-four hours, less if there is pain or any sign of oedema or redness.

The wounds of the face are the ones which need the most care. Slight and clean wounds are treated as described earlier but when the skin and instrument inflicting the lesion are certainly dirty, it is best to scrub the wound well, or even scrape it, and, after flushing with the bichloride solution, cover with a moist dressing for first day. Try not to leave "dead spaces" but, by cleverly placed sutures and pressure, get edges together. If there is a large space, clean, pack with gauze, cover with wet dressing and let the wound heal from the bottom by granulation. In some wounds it becomes necessary to adopt both methods; suturing part and leaving part open to granulate. But to touch upon these complicated conditions would mean to give a treatise on impromptu surgery and that's not what was intended.

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#### WHERE CALOMEL CURED,

Patient, maiden lady, age 68. Diagnosis: Mitral insufficiency with hyper-

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For those cases of constipation which cannot be treated naturally the "Anti-Constipation granule of Waugh is simply unexcelled.

trophy of the right heart. General anasarca and patient unable to lie down; difficult breathing and dissolution seemingly imminent.

I had on several occasions by the use of regular diuretics and diaphoretics, and cholagogues, been able to reduce the dropsical effusion to a minimum, and had therefore kept her in a fairly comfortable condition. This time, however, all had failed and the end as I have already hinted seemed to be at hand. In sheer desperation I called for counsel, desiring to try the famous calomel treatment. The late Dr. Mayer, of Orville, Ky., was called. He agreed in the diagnosis and prognosis, and I agreed with his treatment. So calomel gr. 10, opium gr. 1-2, was given, to be repeated in six hours; and at that time we gave her gr. 20 of English calomel with gr. 1 of opium; this to be repeated in twelve hours.

Twelve hours thereafter, however, we gave her gr. 40 of calomel and gr. 2 of opium, repeating in twenty-four hours. Twenty-four hours after we gave gr. 80 of calomel and gr. 2 1-2 of opium, repeating again in 24 hours. Dry diet, allowing only one tablespoonful of water in two hours. The limbs were bandaged with flannel rollers and tightened daily. A large Turkish bath towel wet in cold water was placed over the abdomen and covered with another flannel roller five yards long. This was reapplied daily. Twenty-four hours after the last dose of calomel and opium was given she took a dose of epsom salts.

On the 3d, 4th and 5th days she passed, by the kidneys, two gallons daily of water. This gradually diminished. On the 8th day from the beginning there was no dropsical effusion at all. The

Learn to distinguish the venous from the capillary and the thrombotic from the simple external pile. Treatment varies.

ptyalism resulting responded readily to the ordinary treatment, and the dropsical symptoms never reappeared. She resumed her vocation, going about everywhere seemingly well, until December last, when she dropped dead at the table after eating a hearty meal. This is the sum total of the treatment except that after convalescence was well established she was given tr. ferri mur. and digitalis as indicated.

J. E. CALDWELL, M. D.  
Perryville, Ky.

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#### A PRACTICALLY BLOODLESS OPERATION FOR PILES.

We have all experienced the disagreeable hemorrhage that follows the operation for excision of piles of the "internal" variety. I have used the clamp and cautery with anything but satisfactory results. I have, too, used adrenalin chloride as a hemostatic with fairly good but not entirely satisfactory results. Ferrum persulphate is, too, fairly good, but the after-effect is deplorable.

A few weeks ago I operated on a patient. He had five very large hemorrhoids, one especially being of great size and full of blood. As I viewed the field through the speculum the notion came to me to inject the solution of adrenalin into the body of the large pile. I therefore injected five drops of the solution, and it must have given considerable pain to the patient, though he was under almost complete anesthesia, as he groaned and placed both hands to the rectum. I clipped the pile, turned out a clot as large as a walnut, and clipped off the others (four) without any bleeding at all; and besides that two internal

piles, but these were not full of blood at the time.

There were no secondary hemorrhages and no ill after-effects whatever. I operated on a Sunday afternoon, and the following Thursday the patient was about the city and on Saturday at his work. I fully dilated the rectum before operating, and pushed up a dilating plug into the rectum on the Thursday after the operation, without the patient complaining of pain. Perhaps this may prove of interest to the practitioner, and I am pleased to have the idea go out to the family through the CLINIC.

JNO. A. CARLSTEIN, M. D.  
Chicago, Ill.

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This is a new idea entirely, we believe; and the best thing the CLINIC readers can do is to try the injection of adrenalin chloride solution in the next case of hemorrhoids that presents. If it will enable the operator to do a bloodless excision it will be a boon not to be despised, for it is the fear of immediate or secondary hemorrhage which debars so many men from doing this kind of work, which, by the way, pays well and gives apparent results.—ED.

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#### PUERPERAL ECLAMPSIA.

I will not here discuss the etiology of puerperal eclampsia. Text-books and prominent authors advance varied opinions as to the cause. I do not think there exists a more dreadful disease or condition, nor one which more completely upsets the equilibrium of a young M. D.—or, as to that, an old one—and a few times I have wished with all the earnestness of my soul for help, when

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In epistaxis, if a bleeding spot is found on the septum, touch with the solid stick of argentic nit., after cocainizing.

Unless due to hemophilia, epistaxis will usually yield to the ordinary remedies: adrenalin solution being the best.

there was none to be had; the patient and myself for a greater portion of the time being the only occupants of the room, the members of the family and others present, not wishing to remain in the room and see her die. I was called in February to see a *primipara* in labor, and found the *os uteri* dilated to about the size of a dollar, but the pains seemed to be ineffectual, and the expulsive power of the uterus was almost entirely absent. She had complete failure of vision and to a great extent coma. It was only by repeated efforts that she could be induced to talk or answer questions and then only in monosyllables. These symptoms were ominous to me and I at once recognized what the sequelæ would be. I took the husband to one side and explained the situation to him. I would at this moment, kind reader, it appears to me, have given my possessions, though small, for a pair of forceps, but not having them with me a messenger was at once dispatched for them, a distance of seven miles, over a dark and muddy road. I had previously given the patient a large dose of quinine, and I now re-entered the room and gave her another, laid off my coat, rolled up my sleeves, thoroughly cleansed my hands and arms and went to work with Nature's implements. I manipulated the uterus externally and internally, using every exertion to dilate the organ, which fortunately was in a dilatable condition, and bring about expulsive contractions.

After a while my efforts were rewarded by better pains, but yet I could see the inevitable fast approaching and worked the harder. I noticed her eyes stare and roll backward and to each side rapidly several times, there was a sudden jerk of the entire frame and the con-

vulsion was on, the mouth drawn to one side and the head to first one shoulder, then the other. If you have ever seen a case of eclampsia, you will never, till your dying day, forget the expression, features and contortions of your first case. The first convulsion lasted about one minute. I at once saturated a handkerchief with chloroform and induced an assistant to stay in the room and hold it to her nose; this he continued to do under my instructions. I pushed the chloroform just short of enough to stop labor, which of course did not stop the convulsions, but modified their severity to some extent. I succeeded in delivering her in about three hours from time the first convulsion came on, she having had about 30 convulsions. The child was apparently dead, but came around all right, after resorting to almost every means for reviving it. The forceps arrived about the time the delivery was completed, too late to be of service. Just after the child was born she had the hardest convulsion of all, and I gave her in addition to the chloroform, a hypodermic of morphine 1-2 gr. She now continued to have a convulsion every hour for four hours, at which time they ceased and did not return. During this period of time she received 1 1-2 gr. of morphine and chloroform *ad libitum*. The bowels were moved by enemata. She slept twelve hours. On awakening I gave her Epsom salts, and a plenty, moving the bowels repeatedly and copiously. The emunctories of the skin and bowels were kept thoroughly awakened, the heart given supportive treatment, and the kidneys assiduously looked after. The woman made an uninterrupted recovery and is proud of her baby, and the father hopes



The venous hemorrhoid is the one you are going to be best acquainted with and it is the easiest to treat.

In making your examination for hemorrhoids always have the patient strain the tumors down for inspection.

to raise him up in the "fear and admonition of the Lord." Now, Mr. Editor, whether this article, my first effort, ever "adorns" the inside of your most valuable and highly appreciated journal or not, I offer a fervent prayer that I will never have another case of puerperal convulsions.

H. H. STAMPER, M. D.

Campton, Ky.

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### **SYPHILIS OF THE BOWELS SIMULATING APPENDICITIS.**

A young man, aged 24 years, weight 140 pounds, height 5 feet 4 inches, of light complexion, robust and well nourished, was taken sick upon the street with sudden and diffuse abdominal pain, accompanied with vomiting.

He was assisted home and a physician was called, who prescribed for him but did not return to see him again. I was summoned to attend him on February 24, 1902, at 2 o'clock a. m., two days after the first attack, and found the following conditions: Patient was complaining of severe frontal headache and excessive thirst. He had labored breathing, the tongue was coated with a heavy, whitish fur and the breath was extremely offensive. There had been no bowel movement for two days, and he vomited food or water as soon as taken. The pulse was full and bounding and somewhat irregular, 110 beats per minute, and the temperature was 102°.

There was rigidity of the abdominal muscles, together with pain and tenderness (upon pressure) over the whole abdomen. Fullness and enlargement could be distinguished over McBurney's point. The patient also complained of an acute pain extending from the right iliac

region to the neighborhood of the right kidney, which became more severe upon pressure and upon changing the position of the body. He had not slept since the beginning of his illness and, in consequence, was very much fatigued.

The patient was given a quarter grain of morphine with atropine, hypodermically to relieve the pain and headache, which was partly effectual.

He was given sponge baths for the fever, and an ice pack was placed over the region of the appendix where the pain was most severe, but this seeming to increase the pain, was changed to hot applications with apparent effect. He was ordered to have high enemas of warm solution of magnesium sulphate, in quantities of two or four pints at intervals of three hours.

These were usually retained for some time without inconvenience. The patient seemed to progress fairly well under this treatment until the following day at 4 p. m., when I was again called hurriedly, and informed that the patient was dying. I found him in excruciating pain, and he was very much depressed. There was circumscribed tenderness over McBurney's point, he had not voided urine since 5 a. m. and there had been no bowel movement in seventy-two hours. The patient was catheterized, but only a small amount of urine was obtained. I considered the case a critical one, in which surgical procedure held out the only hope, and recommended an immediate operation for appendicitis. My suggestions were looked upon with disfavor by the patient and friends, and they concluded to talk the matter over and report their conclusions later. I was called again in four hours and found the case much worse and apparently in

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If difficulty is experienced in getting the "biles" to protrude give an enema of warm water and glycerin.

Piles fit to inject appear like a bunch of more or less bloody grapes and are not visible till the patient strains the bowel.



a grave condition, and they now desired an operation as a last resort. He was therefore removed to the hospital and operated upon as soon as he could be prepared (11:30 p. m.).

The appendix was found to be in a normal condition, there being no evidence of disease in that organ. However, the small intestine was collapsed and entirely empty. The muscular tissue of the gut contained numerous nodules of a greyish blue tint, varying in size from a small shot to large filberts. This condition was found throughout the length of the intestine and, upon nearing the stomach, the nodules resembled bunches of grapes to the sense of touch. The surrounding tissues and liver seemed to be invaded with the same disease. The cavity was flushed with a normal salt solution, the abdominal wound closed in the usual manner, and the patient sent to bed. He experienced no further pain or inconvenience, other than the usual sickness following an anesthetic. The diagnosis of this case was syphilis.

There was no history obtainable to carry out this conclusion. However the general condition of the patient, and the family history, excluded tuberculosis, and then the appearance of the lesion was more characteristic of the former disease. The fact that specific treatment was followed by such immediate and satisfactory results would seem to imply that the disease was none other. The medicinal treatment prescribed after the operation consisted in the use of inunctions of mercury once daily. He was given increasing doses of potassium iodide, up to a dram three times daily. His recovery was uninterrupted, and he left the hospital at the end of fourteen days, fully recovered from the operation. I have

the patient still under observation, and there has never been any recurrence of any of his former symptoms. He is at this time taking antisyphilitic treatment at intervals of three months.

FRANK A. GREEDY.

Denver, Colo.

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## TWO PROBLEMS TO PUZZLE OVER.

An interesting case of dimorphism in a fowl is reported in the *Medical Summary* for May by Dr. Russell of Midway, Pa. In preparing a chicken for table the general appearance of the fowl caused the wife to think that there was something peculiar about it and being a particular purveyor, she called on her husband to look "at the animile." On close examination it developed that the chicken had the feathering and general make-up of a rooster and possessed moreover the typical comb of the male. The interior of the body was divided by a membranous septum into two equal parts: in one the egg sac and organs of the female were located, while in the other were the male organs. The gizzard was square, almost, and of twice the usual thickness. Heart had but one cavity and was divided by what was supposedly a single bicuspid valve; no artery could be traced. On opening the egg sac the body of a duck, weighing 7 oz., was discovered; it measured 9 inches in length and 5 in circumference at the greatest diameter. The head was normal and well-formed, as were the legs and feet; the latter were webbed and the nails on digits perfect. On the crown was a dark stripe often noted on the drake. On section the body collapsed, being full of fluid. There

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Before doing anything to piles at all remember that they should be thoroughly anointed with some lubricant.

To return one or many piles to the bowel "cone" your fingers after greasing them and make pressure from the center.

were no opportunities for the fowl containing this duckling to get with ducks. This dissection was witnessed by three laymen and the body of the duckling is preserved; the fowl was too mutilated to keep.

Now there is lots of room for theorizing here; did the parent bird bear the duckling from its own inception and was it the product of an egg laid by a hen and fertilized by a drake as sometimes happens? Every poultry raiser is aware that the drake will often "cover" a hen, but it has been stated that the result is *nil* as regards fertilization. If this was not the case how *did* the duckling get into the chicken? Let us hear what the family has to say.

At the same time here is another puzzle: The writer has had two male and two female guinea pigs on hand for experimental purposes. One of the females was noticed to be very "big" and an addition was looked for. Nothing happened and the little female got so bulky that she could scarcely walk. The animals were in a small pen and there was only a little excelsior around, which was changed daily. One fine day recently the writer's boy brought in a young guinea which was able to walk, was in fine fur, had its eyes open and looked like a month-old pig. On the floor were three pink, "proper-term," dead, little guineas and one more hair-covered, open-eyed pig also dead. Now neither the live little pig nor the dead one were in that pen the day before; the mother pig was evidently delivered of the dead, pink, "regular-term," young ones during the night—the surroundings and her own condition (which, by the way, was unusually bad) proved that. She had, remember, been carrying young twice the

proper length of time and from being enormous she had become thin as a rake. There was (and still is) one live, "month-old" pig and one similar one dead, together with three dead, "regular-term" piglets. Query: Did she have them all at once; if so, how were the two older ones retained while she became pregnant again and went through the second term; and if they *were* retained, why did they go on to the "month-old" condition *in utero*? The facts are as stated and there is no possibility of trickery or deception; somehow, within twelve hours the two developed pigs and the pink, "regular" litter were born. Just how and when and why who will say? It is easy to make rules but Nature has about as much regard for them as a cat has for a mouse. We can always find something to learn and here are two excellent opportunities to tell anything that you may know about our kind "Universal Mother's" little absurdities.

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#### SOME TWENTIETH CENTURY SURGERY.

Having read some excellent articles *pro* and *con* as to the doing of his own surgery by the general practitioner in THE SURGICAL CLINIC, the thought struck me that I ought to contribute my little experience, which is "remarkable" only for what I did not do. The greatest wisdom sometimes is shown by knowing when not to cut. Here is the case:

On August 26, 1902, I was called in haste to see a boy sixteen years of age, accidentally shot in abdomen with a 22-caliber pistol bullet. Arriving at the scene, found patient suffering great pain from a wound in lower third of line dividing umbilical from left lumbar re-

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Do not forget that sometimes epistaxis is a good thing: it relieves tension of some more important structures.

If the bleeding from nostril is profuse, mix tannic acid with water to a syrupy consistency and apply on cotton pledget.

gion. I immediately gave him a hypodermic injection of morphine and atropine which quieted pain some, then, recognizing that the wound though innocent in appearance was very serious, necessitating the performance of laparotomy and that the sooner it was done the better his chances for recovery, I sent for a competent surgeon (Dr. J. M. Allen, of St. Johnsbury, Vt.), who arrived in due time with a trained nurse and enough paraphernalia to transform the old farmer's dining-room and kitchen into an up-to-date operating-room (improvised) and as quickly as possible the operation was begun.

The doctor followed cautiously the course of the ball, finding it had entered the peritoneal cavity; then making incision large enough for the intestine to be removed, he found six punctures of that viscus which were closed with silk sutures immediately. The cavity which contained large clots and some fecal matter was then washed out with normal saline solution, the wound packed with sterilized gauze in liberal quantities, thus providing for drainage.

Patient suffered very little shock; vomited twice next day, which caused some anxiety and bowels moved only after giving an enema of salts and glycerin.

After third day patient was free from pain and made an uneventful recovery, resulting from scientific twentieth century surgery by a competent surgeon.

Patient has since been subjected to "x-rays" several times without discovering the ball. But as it never troubles him we will not trouble it.

I was never before called in this family professionally, but through my con-

duct in this case the family was won over.

I will leave the reader to draw his own conclusions as to whether it is best to do our own surgery (major) in the country.

H. A. ELLIOT, M. D.

Barnet, Vt.

—:o:—

Here, as in every other instance, it would not be wise to do one's own surgery unless you know how and have the necessary things to do it with. If it had been impossible to get this "up-to-date surgeon" you would have had to do the work yourself or lose the patient: *ergo*, it behooves you and every other man to make ready to meet just such cases when they turn up. Learn how, Doctor, and do what you know you can do—and no more. In any great emergency do your best.—Ed.

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#### A REMARKABLE SERIES OF SEPTIC CASES.

A series of cases of a disease occurred in a small maternity, which, judging from the paucity of literature on the subject, must be rare. Immediately preceding these cases, there had been considerable saprema after parturition in a number of the mothers, and diarrhea among the children. There were other evidences that the building was not in a good sanitary condition. It was my opinion that the place had become unfit for confinements, but my advice was disregarded.

Case I. A healthy male child, three weeks old, whose mother had no rise of temperature after parturition, exhibited

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After applying tannic acid or similar astringent to a bleeding point in the nose, have patient make pressure over spot.

If the source of bleeding in epistaxis cannot be found, plug the entire nares, using due care in so doing.

a trace of blood on the napkins after urinating. This occurred several times within a few days. The child maintained its healthy condition. Another infant, born two days later, had no such trouble, but the mother had a lengthy labor terminating in forceps delivery, and her temperature subsequently rose to 103.6.

Case II. Whilst the hemorrhage from the first was occurring, another baby was born. This was a labor with feeble pains lasting nearly 48 hours, with forceps delivery at 8:30 a. m. The mother had post partum hemorrhage, apparently from uterine inertia. She showed signs of infection the first day, and subsequently developed peritonitis. The child was a fine, plump male, asphyxiated at birth, but recovered color under treatment, and was soon breathing all right though he did not cry. The cranium was well ossified, the anterior fontanelle tense. There was a slight drooping of the left side of the mouth and the left eye did not open and close so freely as the right. The limbs acted well.

After the mother had been attended to there seemed to be a collection of mucus in the baby's chest. Within two hours after birth the nurse noticed a little blood coming from the mouth. About 1 p. m. she sent for me, as the baby had had a convulsion. By 2 p. m. a large quantity of blood had come from the mouth and the breathing was impeded by accumulation in the bronchi. The chest was full of coarse rales, the heart apparently normal in action. Occasionally there would be a convulsion when the child would become cyanotic for a few minutes. It had cried once since birth. It had also passed urine and meconium, but no blood. The blood

continued coming from the mouth all afternoon. The eyeballs were glazed. Later blood began to ooze from the mucous membrane of the eyelids; then a small quantity from the cord twice, and later from the nose. During the afternoon oozing began from a small forceps wound and continued. The condition remained the same till 3 a. m., when death occurred. A short cry preceded death. The post mortem revealed a hyperemic condition of the lungs, but nothing abnormal below the diaphragm.

For an account of the subsequent cases, I am indebted to Dr. Jane L. Heartz, my successor as medical attendant to the institution.

Case III. Child three weeks old. In the morning a slight discharge of blood came from the anus which was congested, also from the vagina which increased in amount. Later in the day there was an extensive ulceration of the perineum. Blood came next from the mouth and nose. A creamy discharge accompanied the nose bleeding. Death occurred in nineteen hours from the commencement of the attack.

Case IV. Male child, aged three weeks. A mild attack of indigestion and stomatitis preceded the attack. Slight hemorrhage occurred from the mouth and nose, accompanied by convulsions at intervals. Death occurred in less than twenty-four hours.

Case V. A large male child, but old looking as if syphilitic. There was blueness of the mucous membrane of the mouth. The mother had no rise of temperature, but on the second day the child's napkins had a tinge of blood. The anus was congested and fissured. There were slight convulsive movements of the muscles of the arms and twitching

If epistaxis is followed by signs of syncope, the use of intravenous or subcutaneous saline injections is indicated.

Empyema of the antrum may follow the severe inflammation of the mucous membranes which accompanies influenza.

about the mouth. At 4 p. m. the convulsions became general. The hemorrhage from the nose was at first slight, but afterwards became profuse. At 7 p. m. the skin was cold and blue, and the pulse weak. The child died fifty hours from birth and five hours from the beginning of the attack.

Case VI. This child was not brought into the institution till the age of two and a half months. Shortly after it had an attack of vomiting with diarrhea, the stools being frothy and acid, and later containing blood. Temperature 102 F. Pulse rapid. There was marked ulceration of the perineum. Blood flowed from the vagina and from the nose. The outcome was fatal after thirty-five hours' hemorrhage.

Case VII. The mother developed eclampsia in the second stage of labor and was therefore delivered with forceps. When four days old the child's napkin was found tinged with blood. Examination revealed a relaxed condition of the hymen with severe congestion of the lesser labia, and blood issuing from the vagina. The general condition was good. The vulva was bathed with a solution of potassium permanganate. Though the hemorrhage continued four days, the child recovered.

Neither of us had any cases of the kind, or any infection of our obstetrical or surgical cases outside the institution. I know no name for the disease, neither do I know the name of the microbe that caused it, but I have no doubt of its infectious nature. Cases of fatal hemorrhage from the umbilical cord are probably cases of the same disease. The suddenness of the onset in my second case and the site of the hemorrhage indicate that the infection probably occurred dur-

ing labor, whilst the time in which the forceps wound was infected shows that the period of incubation may be as short as eight or ten hours.

A. ISABEL HAMILTON, M. D.

Halifax, N. S.

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#### A VERY "REMARKABLE" OBSTETRIC CASE.

Mrs. J. G., primipara, age 37. She began having pains April 1, 1903. Pains became more severe six days later. The following measures were carefully taken and are absolutely accurate. Transverse: 3 in. Antero-posterior, 5 in. (outlet). Interspinal 11½ in. Intercrestal, 12½ inch.

My prognosis was that she could not give birth to a child *per vias naturales* nor artificially, unless the head was crushed. She continued in labor until April 11, when she agreed to an operation. She was anesthetized by Dr. Bohama of Greenville, Ky., and I evacuated the uterus. The child was extracted in pieces, of course. The left wall of the left uterus was adherent to the left vaginal wall. I said the left uterus, because she had a double uterus. The woman died fifteen minutes after the operation as a result of heart failure primarily produced by exhaustion from the prolonged labor. There is not a similar case on record to my knowledge—that is, not one that is identical with this one in every particular.

H. A. ELKOURIE, M. D.

Clifty, Ky.

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No, Doctor, we have never heard of a woman remaining "in labor" for ten days. That certainly is a record-break-

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Caries of the teeth is a frequent cause of empyema of the antrum. The bicuspid is usually the offenders.

Necrosis of the middle turbinate—syphilitic or otherwise—may set up an empyema of antrum. Secretions are dammed back.



er. We are not surprised to hear that she died from exhaustion. It seems to us that a Cesarean section should have been done earlier and the woman delivered in that way. We shall publish this case and trust it will bring out some more of these remarkable instances. It is the fault of the relatives very often that these unfortunate women are allowed to die. But if the attending doctor would be more positive in his demands for operative interference there are but few instances where the family would not consent in time to save life. The doctor's prognosis was the only one possible with these measurements and a double uterus. By the way, will not the men who have run against cases of gestation in bicornate *uteri* let the CLINIC have their experiences? These things do happen and it is pleasant to know that someone else has been through the mill, when suddenly brought face to face with such a condition. Though one might pass through an active obstetric practice of years without seeing a case, the very first call might be for aid in just such a complication.—Ed.

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#### TWO USEFUL HINTS.

One of the greatest annoyances that the surgeon has to contend with in the use of hydrogen perox. is its liability to be perfectly inert at the time he most wants it to be efficacious. This may be obviated by mixing equal parts of the  $H_2O_2$  solution and listerine together. In this way the activity of the peroxide is maintained much longer and it is if anything more effective when used.

If you will buy your carbolic acid in the ounce vials which contain the pure

crystals, it will prove economical. To melt the crystals, add to the contents of the bottle a dram of glycerin and apply gentle and prolonged heat—the Bunsen flame is good. This will give you a permanent and concentrated fluid which you can dilute to suit your purpose.

Should any of the fluid be spilt on the hands, apply at once alcohol and leave a piece of cotton soaked with it on the burn. There will be no loss of tissue and the pain will soon disappear.

While on the subject of peroxide of hydrogen it is well to remember that it is a most useful remedy in all carbonic acid poisonings. In any case of asphyxia from coal gas, give it freely and the results will be prompt.

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#### "AFTER DELIVERY."

Will you allow me to tell you what I tell my country patients "after delivery is accomplished," in place of what you have written in the first paragraph on page 269 of THE SURGICAL CLINIC? The whole article is so good and timely I would not detract a word from it, but it may interest you to know that a country doctor of more than forty years' experience is working so nearly on the same lines—and well I might, for I have been reading the CLINIC for ten years or more. I tell my woman to stay in bed with her shoulders as low as her hips, and with proper assistance she may turn first to one side and then to the other. This avoids possible chafing of the skin from constant pressure. I also think that these changes of position help Nature to effect involution by allowing the uterus to rotate and adjust itself to the pelvic cavity. I also instruct that she be

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Remember, that a purulent inflammation of the frontal sinus may also infect the antrum.

In epistaxis the amount of blood lost may vary from a few drops to a quart or more. Patient always exaggerates.

assisted out of the bed to commode, every six or eight hours and that she sit erect while discharging urine or feces; in this position any clots, etc., will pass from the vagina and not remain to set up infection. I allow no movement, unless sure that flooding has ceased and uterus firmly contracted.

J. W. MILLER, M. D.

Shannon, Miss.

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Thank you for your endorsement of the writer's article on "After Delivery is Accomplished." We have always thought that too much attention is paid to the unfortunate woman who is being delivered, up to the time of the birth of the child and not enough afterwards. It seems that the ordinary doctor makes most of his mistakes immediately *post partum*. The benefit following telling a woman to stay in bed with her shoulders low, is not known to half the doctors practising and, in fact, the ordinary practitioner seems to think that as soon as he has handed the child to the nurse to be washed, his duty ceases and all he has to do is to make his subsequent calls to see that the *lochia* are normal and collect his fee. In the last eight or nine years we have made it a point to pay even more attention to women *post partum* than is given to the *ante-partum* patients.—ED.

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#### "TACT IN PRACTICE."

The editorial on page 328, "Tact in Practice" is all right. I have another somewhat similar suggestion to offer:

When attending a case where a return visit is not understood or when we treat at the office and the case does not strict-

ly require a return of the patient to the office, make it a rule to say something like this: "If improvement is not prompt, let me know." State this remark so that it will be understood and note the reply. If the unexpected should arise that little remark will cause your patient to send for you, otherwise he may send for another doctor, feeling that you have dismissed his case. There are many patients we do not care to retain. To get rid of them and still hold their good will say upon dismissing them, "Now if directions are followed, probably you will not require me again;" or say nothing at all.

Here is another hint: When early in a case you learn you were sent for as second choice, the doctor just called not being in, candidly tell your patient that you heard they first sent for Dr. Black, and that your practice is larger than you desire, you would like to have Dr. Black have his case, if it is all the same to them. Then incidentally remark that of course there are other patients you could turn over to other doctors, if they would really prefer to have you. When a patient is undesirable, do not hesitate to ask why they failed to find any of the other doctors at home. Some weeks ago Mr. G. sent for me. He had dislocated his ankle. There was great swelling. I put up the ankle in oil of gaultheria, bandaged and splinted and in about four days swelling was about all gone, yet the man suffered some pain. He suggested consultation with a doctor I am aggressively opposed to. We met, had some sharp talk. The doctor did his talking before the patient, boasting that he could get the case all right in ten days, that it was a sprain and was foolish to treat it as a fracture. He advised lotions. I

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If syncope follows epistaxis, be guarded about starting up too violent a heart action at first. Go slowly.

If after stopping a severe epistaxis, you find the septum covered with a clot, do not remove it: bleeding will recur.

told him and the patient I was not a lotion doctor, so the consultant obtained the case. Six weeks have passed and the patient is no better, and the swelling in the limb is much worse.

C. E. B.

Los Banos, Cal.

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#### FROM "THE DAY'S WORK."

Your letter asking for papers from active practice to hand, and as you have been so very kind in helping me out of lots of hard places, I take pleasure in relating a case that I had a few days ago.

A few days ago about 4 o'clock in the morning, I was called very hurriedly by a man who said that his wife had just had a baby and was "bad off, for the afterbirth was growed tight, and for me to come quick; he was afraid she would die."

Well, I was not long getting ready and was soon at the house, two miles in the country. I made a hurried examination and found the woman very weak from loss of blood. After cleansing my hands, I grasped the fundus of the uterus with my left hand and made firm but steady pressure downward at the same time, with my right hand grasping the torn and bleeding placenta in the mouth of the womb and, with a gentle rotary movement, I removed the rest of the placenta. The woman said, "O, Doctor, I feel so much better!" I gave her a dose of ergot, and kept up the pressure and in a short while had firm contraction of the uterus. The old negro midwife had about torn away all of the placenta she could get hold of; the old negro said to me: "I told dat

woman the afterbirth was growed tight and it would take a doctor wid instruments to get it!"

After I had removed the placenta, the old darkey said to me: "Doctor, what will I do wid the afterbirth?" I told her to burn or bury it; she said to me: "Dock, dat woman will never have any mo health if you bury it." I told her to go and bury it and we would risk it once more any way, but I thought if she did not get along all right she would be the cause of it. I heard from the woman a few days afterward and she was doing nicely.

A great many, if not all, of the old midwives have a superstitious dread of burying the afterbirth.

B. L.

—, Ky.

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#### WOULD CASTRATION BE IN ORDER?

One year ago saw Mrs. R., aet 24, height 3 feet, weight 67 lbs. In labor; marked contracted pelvis. Conjugate diameter of inlet of pelvis less than 4 inches; large child, head presenting in L. O. A., position. Prognosis: impossible delivery via natural channels. Patient was taken to hospital where an operation for Cesarean section was successfully performed. Recovery uneventful.

Now comes said patient again pregnant, one month advanced, and the question arises, would it not be advisable to perform an early abortion, sacrificing the life of a human being, or allow the patient to proceed to term and assume the deadly risk of another Cesarean section, with more or less uncertain results? I suggested castrating the husband, which I deemed the proper alkaloidal (?) treat-

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The only thing to do with the ordinary nasal polypus is to remove it "on sight" with the cold wire snare.

Before removing polypi from the nose spray the cavity with a two per cent cocaine solution: do not use stronger.

ment, but of course this advice was turned down very promptly.

Such points as these turn up occasionally, and quite naturally a conscientious practitioner, with not only the interests of his clientele at heart, but also a desire to do right, would like more light from his co-laborers.

What would you do brethren? Suppose it were your sister or wife?

—, Mich.

—:o:—

It is indeed a question as to whether the man should be castrated or not in this instance. But it is to be supposed that he would vigorously protest and perhaps the true remedy would be to make it impossible for a woman so misformed to marry: in this way it would prevent the possibility of legitimate pregnancy and the man in the case could, had he married a normal woman, have had the pleasure of rearing a family. And after all, what do we come in to the world, live and have our being for if it be not to become parents, home-builders and fathers of the future race? By the prevention of the union of incompetents—male or female—the birth of more incompetents would be avoided, except in rare instances and there it seems lies the solution of the problem. Let no man or woman not physically normal enter into the married state; and if they show a disposition to reproduce illegitimately, then do castration or an ovariectomy as the case may be.—ED.

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#### A RECORD-BREAKING CASE.

Mr. S., aged 28, epileptic, camped on the road, got up in the night to see to things and lay down on a spring cot

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If there be but one fair-sized polyp in the nasal cavity it is safe to say it will never return after removal.

near the fire; he took a fit and fell into the fire, burning his foot and leg severely to about the hips. This occurred March 4, 1903.

I treated him for a few days, trying to save him, or as much as possible, but finding the burn too severe I decided to amputate. I secured help and amputated six inches below the hip joint. At this point we did not have sufficient sound skin to make flaps. After making the flaps I cut great slugs out of them in order to dispose of the burnt tissues. Then you see we hardly had skin enough, but the flaps were sufficiently long and pointed. Secured union by first intention nearly the whole distance around, but owing to his delirium afterwards, in his restlessness he tore four inches of our union asunder on the outside of the limbs.

After this union was destroyed the bone had a tendency to chug out through the opening. I kept it bound as well as possible with gauze bandage and adhesive plaster, but nothing would serve the purpose well. Now healing has progressed well, but the flaps being scarcely broad enough and after union was torn apart, we have an opening in which the end of the bone lies constantly a little to the outside and above the end of the flap. The flesh is bare and bulges out beyond the surface of the skin. How can I force the bone in place and keep it there? Do you think the skin will finally grow up over this flesh on the bone?

This is not all. Soon after amputation, which was on the 11th of March, 1903, I noticed a gangrenous area on the left side near the apex, about two inches in diameter. I did not consider it of much importance, as we were looking

If there be many polypi in the nares their removal is apt to be followed by another crop. Take them out, too.

for the man to die from exhaustion from the illness and operation; so it went for several days, gradually spreading, however. I now began the application of iodine and alcohol equal parts locally, and when the gangrenous area separated he had a denuded spot 10 x 10 inches. Well, of course there was pus in the stump. There was also pus in the side, and we had therefore to deal with a case of septic fever. The temperature ranged from 101 to 105 for several days.

While believing that he would die, and remembering the CLINICS' stand on carbolic acid, I finally mustered courage to paint this entire surface on the side and swabbed out the stump well with pure acid. No symptoms of poisoning followed and the temperature fell to normal next day.

The man is doing well at present, and I am going to graft the side soon, provided we can find someone willing to give up some skin. I might say before quitting that this burn from the foot to the knee was of the most severe sort possible, and the man in no pain comparatively speaking. In this case we used silk ligatures, leaving them long and out at the drainage opening. All are out but two or three; gentle traction will not bring them. Why? How shall I get them out? Or would you cut them short and leave them in? What would be the cause of the gangrenous area on the side? It was not a burn.

J. E. H.

—, Texas.

—:o:—

We think that this is a case possessing several points of great interest and hope that the family will have something to say about it. While it is too late

unfortunately to do much good to this particular writer or the patient in question, still this sort of thing is not uncommon and it will help many if those who have had experience along this line will speak up. The article in the last issue of THE SURGICAL CLINIC on the Handling of Burns covers many of the points in question, and the idea of epidermal scrapings as grafts will appeal to the doctor.

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#### USE FORMALIN IN OTITIS MEDIA.

There seems to be any number of new uses for formalin and the combinations thereof. This agent, at first regarded with suspicion, has proved so serviceable in many purulent conditions that it is not surprising to hear it spoken of as one of the best applications in diseases of the middle ear.

A 2 per cent glycerin solution, gradually increased to 5 per cent has proved most efficacious. The middle ear was tamponed with a small strip of gauze impregnated with the fluid, or two or three drops of the 5 per cent solution were instilled. This treatment was applied in only those cases that had proved rebellious to ordinary measures. Improvement was manifest by the second or third application, and a complete cure between the tenth and fifteenth application was obtained in thirty-four out of the fifty-five. The duration of the affection in some of the cured cases was from ten to twenty-one years. The formalin reduced the size of the granulations in the tympanum and supplemented by nitrate of silver, was able to accomplish their complete disappearance in a

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"Hay fever" is characterized by mucous engorgement, paroxysmal sneezing, suffusion of eyes and watery discharges.

Three conditions are needed for the existence of "hay-fever": a neurotic state, susceptibility and some irritant.



number of cases. The addition of 5 per cent of sodium carbonate to the 5 per cent solution of formalin increased the tolerance and it also enhanced its bactericidal power.

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#### A NEW SPECIFIC TREATMENT FOR HAY FEVER.

Whether one calls it "hay-fever," "hay asthma," "rose cold," "pollen catarrh" or something else the sneezing and "sniffing" and all the other abominable symptoms which attend this malady are just as relentless and severe.

It doesn't make a particle of difference either, whether the profession agree on classing the disease as a neurosis or whether they allow, unanimously, that it is a local dyscrasia—an irritation of the mucous membrane of the bronchial passages caused by an invasion of the canals by pollen or vegetable dust of some kind.

All this, to the doctor who is treating a case or to the patient who is being treated, doesn't matter a fig. What they know is that there is a hyper-sensitive condition of the upper air passages, that the catarrhal symptoms are severe and persistent, and that the same state of affairs recurs at about the same time every year. The victim may be well today but tomorrow he is seized with headache, sneezing, coryza, and a burning in the posterior nares which is almost intolerable.

In the more severe cases there is also profuse lachrimation, burning and smarting of the eyes and conjunctivæ and a hacking, irritable cough which tends to add to the patient's misery. Taken altogether, the hay-fever victim is not to

be envied, and the worst of it is that while it used to be a *quasi* fashionable disorder and enjoyed (?) mainly by the rich, of late it has taken to "the masses," and the man or woman doesn't live who can feel safe from this implacable foe.

It is a well-known fact that those specialists who devote themselves to the treatment of hay-fever depend more upon deadening the nerve terminals of the affected areas than upon any other method of relief. Cocaine and other drugs which obtund sensation are freely given with the result that before he is aware of it the hay-fever patient has become a drug *habitué*.

Moreover, even cocaine does not cure the condition—neither do any of the thousand-and-one widely-advertised proprietaries and secret nostrums. It is impossible that they should, for the simple reason that the disease, while evidenced by local symptoms alone, is really an entirely systemic disorder. We are all subject to the inhalation of pollen or whatever else it is which affects (if it does affect) the hay-fever army. One man will have it and the next will not and yet they live within twenty yards of each other.

If you look into things you will find that there is no real difference in the sensitiveness of the mucosa of these two individuals, but a further examination will disclose the fact that one has a sluggish liver and poor kidney action: that his "waste" is retained to a greater or less extent and, that owing to this, his mucous membrane—and in fact all his tissues—are more or less congested and morbid. The *materies morbi* are present and it only takes the slightest irritation from without to set up the condition we have, for want of a more thorough

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The irritating substance which will set up hay-fever in one subject will prove totally innocuous in a second.

One of the main points in the successful treatment of hay-fever is elimination: liver, kidneys and skin.

knowledge, complacently dubbed "hay-fever."

It is impossible and far from desirable to attempt to go into any minute description of either the malady or the treatment suggested for its relief and cure. The main and fundamental point is faulty elimination and, as soon as this is corrected and the system cleared of its toxins and waste (and when I say "cleared" I mean really cleared) there will be little difficulty in reducing the local irritation and giving the sufferer a surcease from misery.

The first thing to do is to reduce the congested and hyperesthetic state of the mucous lining of the nares. To do this, apply with a small brush or "sniff" or spray the nostrils with a little of the A. A. Co.'s Specific Hay Fever Solution. This preparation contains no ingredient which could harm a child even, but is so potent and rapid in its action in this disorder that it certainly merits the appellation "Specific." The first night the patient should take Formula No. 1, one tablet, repeated in one hour, and on rising the next morning should take a dram of Salithia, preferably in hot water. The pills may be taken every night or every second or third night as the activity of the bowel may demand or allow. The great desideratum is to obtain free action, not only of the bowel but of the kidneys as well.

Here, then, as in most other cases, the rule will be "dose enough" to insure thorough elimination. In most cases every other night will prove sufficient, though it is generally good practice to order nightly doses for the first three nights.

Four times a day Formula No. 2 should be exhibited: the tablet is small, easily taken and carried and the patient

should be impressed with the necessity of regularity of dosage. The Specific Solution should be used morning, noon and night, or as needed to allay local irritation, and the more freely and thoroughly it is used the sooner the patient will cease to have to use anything.

Two weeks is the maximum length of treatment, but relief is experienced within forty-eight hours and; after the third day, there are seldom any apparent symptoms. The treatments should, however, be kept up so as to prevent any possible return.

The usual result of a test of "sure remedy for hay-fever" has been a ghastly failure to the total disgust of the doctor and patient, but the clinical results which have invariably followed the exhibition of this treatment warrant the assertion that at last there is a cure for the disease, whether we allow it to be one *per se* or only a symptom of a more serious disorder.

Under the circumstances we can afford to sink the argument and cure the case—and, casually, collect the fee. Relieved hay-fever patients are glad to pay.

G. H. CANDLER, M. D.

Chicago.

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#### FOR PAINLESS AND BLOODLESS SURGERY.

Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat, Post-graduate Medical College, New York, states:

"The formula I prefer (for septum operation) is as follows:

R Cocaine hydrochloride, 5 grains.  
Sodium chloride ..... 10 grains.  
Beta-eucaine ..... 5 grains.  
Dried suprarenal gland, 30 grains.  
Water ..... 1 ounce.

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You will find that the hard-working, non-sentimental, phlegmatic man does not suffer from "hay-fever" much.

That vasomotor rhinitis (hay-fever) runs in families, tends to show that it needs a special soil for its development.

"In making this combination, the suprarenal is mixed with the water, the eucaine and salt are added after filtration, and last of all, just before using, the necessary quantity of cocaine is added. This makes a 1 per cent solution of the cocaine and eucaine, which may be freely used in the mucous membrane without fear of poisoning. Ordinarily, six minims of this solution may be injected without any bad results."

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### HIS MOST "REMARKABLE CASES."

There is no scarcity of "remarkable cases" provided you get the reports—be the judge. What seems remarkable to one man seems a very tame affair to another. I presume your editorial will call forth "remarkable" articles galore, unless, as you put it, your readers are "too abominably lazy" to write.

I have a number of cases that were remarkable to me. The first one I call to mind was in 1869. I had treated a delicate woman for pneumonia, and judging her clear of fever, her tongue being clean and appetite good, I discharged her at 9:30 a. m.

I was called to see her at 7 p. m., and she died at 9:30 p. m. Whether from embolism, thrombus or heart-failure, I do not know. She was pulseless when I arrived, but rational. This case took all the starch out of me as a prognostician, but made me vigilant as to heart-lesions in pneumonia. A rate above 100, for several days in succession, makes me very uneasy.

Case II. Retained placenta; third day after delivery; physician No. 1 failed to get it on day of delivery. He and

physician No. 2 failed to get it on second day after delivery. All three of us were present on third day after delivery, when I went after it; I gouged and pulled for two long hours, but got it just the same. The most remarkable thing about this case is that the woman never had a bad symptom from the anesthesia or what seemed violent manipulations. She made an uneventful recovery, but her husband never paid a cent for her treatment.

Case III was a ruptured cord. The delivery was normal in every respect, but when I attempted to move the child the cord snapped asunder. This was both new and "remarkable" to me, only because I had no similar experience.

Case IV. Forceps delivery. On examination of the child I found it had only one eye. Did I put out its eye? There was no eyeball, the orbit was vacant, there was no contusion, no hemorrhage, no indication of violence or injury. The lids seemed to be contracted, the orbit smaller than the other. This is the only one-eyed baby that I have caught.

I could enumerate other cases that seem remarkable to me. I know of a case in the country; a woman who breathes sixty times per minute with no apparent lesion of any kind. This is a wonder to Mississippi doctors, and not any of us can diagnose it.

I would like the CLINIC for any old time the editor keeps it up to its present standard. But if this squib goes into his big basket it will not be "remarkable," because not a few of my squibs went the same way.

W. P. HOULE, M. D.

Charleston, Miss.

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It has been decided that in vasomotor rhinitis there is not the slightest sign of a *priori* abnormality of the mucous membrane.

The intense engorgement of the nasal mucosa which is present in "hay-fever" is promptly reduced by adrenalin.

We are glad to see that you at least are not too "abominably lazy" to send in your most interesting cases. These are certainly of interest, and if one realizes that just such things are happening to men all over the country, it tends to "put heart into a man," when he in turn runs up against something out of the common. The CLINIC hopes to hear from you again.—Ed.

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#### BEANS IN THE TRACHEA: DEATH.

On the evening of May 11, 1893, came the call to go and see Earl S., four miles from my office. The messenger was in great excitement and said the child would probably be dead before I could reach him. The trip was made in haste and the bedside reached at 8 p. m. I found the patient an interesting boy of two years. The following history was obtained from the family:

The child had been in the usual health, and in the afternoon about two o'clock while playing with a sack of beans fell, and having some of them in his mouth swallowed them. He immediately showed signs of irritation in the air passages, coughing, with difficult respiration. The child was taken to the office of Dr. H. at Rawson, two miles distant, who administered an emetic. The child vomited two large beans. Dr. H. considered the child safe and allowed him to be taken home. Before home was reached alarming symptoms developed, the child presenting every symptom of immediate asphyxiation. At this juncture I was summoned to the case.

I found the child greatly relieved and asleep. A careful and prolonged examination revealed no symptoms, no cough-

ing or sign of any irritation in the air passages. He was awakened and re-examined, given water to drink and a laxative, and after twenty minutes allowed to go back to sleep. In the absence of all symptoms I also thought he was safe, and at 9 p. m. I left him. He slept soundly all night and awoke playful and bright in the morning. His parent saw nothing unfavorable in his condition until about 7:30, when he attempted to vomit, became cyanotic, and died in a few minutes, being dead when I reached him. An autopsy was refused.

I believe a bean becoming encysted in mucus had remained in the air passages, giving rise to no symptoms through the night, but in the morning shifted into such a position that air was excluded from the lungs and death ensued. A tracheotomy might have saved him, but in absence of symptoms such a step was hardly justifiable.

What is the opinion of the editor of the CLINIC? What should have been done in this case? It was one of those sad experiences which come to each one of us, and I present the case, hoping it may warn every reader of the danger to life of any foreign body remaining in any part of the respiratory tract. Prognosis should be guarded, for as in this case death may ensue when friends as well as physician least expect it.

For several years I have been a reader of the CLINIC, and the good things provided therein, without doing much in return; so deem it a duty as well as a privilege to hand in the details of the above sad case. Such happenings roll a burden on my mind, and I would like to have the opinions of others on this and similar cases, for such come to the ordinary practitioner every day. I fully



Do not use oily applications in "hay-fever." A good alkaline antiseptic, adrenalin and hydragristis are the remedies.

The attacks of sneezing which often occur in hay-fever sufferers will yield to hot irrigations and scutellarin.

appreciate your work in aiding the country doctor.

J. H. VARNUM, M. D.

Benton Ridge, O.

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There's always a welcome for the prodigal son, and we now extend you a very hearty one. Though you may not have done anything for the CLINIC for some time, and have been at the same time enjoying the feast we have provided for you, you have wiped away all your indebtedness by this article. We thank you for the same and also for your appreciation of our "efforts to help the country doctor," as you express it, succinctly. Doctor, never let any case, no matter how serious or sad, leave a permanent impression upon your mind. That's what brings gray hair and wrinkles long before they are due. Give each case its due consideration, use your best efforts, and do whatever your conscience prompts you to do; but don't carry your cases home with you, don't sleep with them, and as soon as you have done all that you can do, throw off the entire matter from your mind. There is a limit to every man's capacity and after a man has done his best he can do no more. In this instance no surgeon would have operated as there was no sign of a foreign body.—Ed.

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#### WHO CAN EXPLAIN THIS PHENOMENON?

I have a case of obstetrics to report and ask for the causes and "whyfor." A lady who had been six times confined before, called me to see her at night, she supposing she was in labor; but it only took an examination *per vaginam*

to convince me she was not in labor at all. Three times was I called to her, each time at night and four miles in the country, and every time the request ran, "please come quick, 'doc.' I'm afeared that th' youngster will be here before you are."

But the point I designed to make is that the lady complained for a week or more of having pains resembling those of labor, though too light and short to accomplish much. They very much desired me to give something to make the "misery" right. I protested and told them I would deliver her all right at the proper time, nor would I interfere or meddle till she showed true labor "misery."

But for the five days prior to delivery there was a gummy discharge that hung for two feet from the vulva, having formed itself into a gut-like substance. I assured the husband and wife that all would be well with her and not to allow this discharge to trouble them. I would have to use a good deal of force to break this cord-like matter formed by the gelatinous discharge. As I supposed it to be, it was the leaking of the fluids of the uterus, hence I had, eventually, a dry labor to contend with, but the wonderful part is that the fetus, when born, was covered thickly with a sticky, white substance closely resembling white lead, or a nearly dry coat of paint. Vaseline, lard or warm soapy water would not remove it. It was really a difficult matter to get it off at all as it stuck to the infant and to the "granny's" hand like tar.

Please tell me the cause of this phenomenon. Am I not right in assuming that the fluids of the uterus had so leaked that what was left had dried on

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The man who uses either morphia or cocaine in hay-fever should start in and study again. It is worse than "foolish" treatment.

The dilation of the *sphincter ani* has cured more hay-fever sufferers than all other means used put together.



the surface of the infantile skin? But if so, does it not seem that the fetus should have perished in the fluidless uterus? I want to hear from some of the family as to the above.

A. J. HALL, M. D.

Jemison, Ala.

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This is most certainly one of the peculiar phenomena which sometimes come along and make the obstetrician wonder whether he knows anything, or whether after all, he simply thinks he does. The origin of the *liquor amnii* is now generally attributed to both maternal and fetal sources. We are aware that there may be a vast amount, due to some abnormality of the fetal skin, or through an excess of renal action in the fetus. That the fetus excretes urine into the *liquor amnii* as well as swallows more or less of it, has been proven; benzoic acid injected into the mother has been found as hippuric acid in the liquor, thus demonstrating its passage through the fetal kidneys. Lanugo and epidermal scales have, too, been found in the meconium.

Now the normal specific gravity of the *liquor amnii* is 1002 to 1028, and in it there may be an immense amount of albumin. Pathologically the amnion resembles other serous membranes; it is liable to changes of secretion; to inflammation with a plastic exudate, and to the formation of adhesive bands. The quantity of the fluid varies immensely. Sometimes it is so small that it interferes seriously with the nutrition of the fetus; on the other hand the quantity may be so enormous as to make the woman afflicted unable to move about. In this case small quantities can be removed from time to time.

The acute coryzas of Summer and Fall are, as a rule, badly treated and as badly understood. Eliminate.

The peculiar condition described by our correspondent, however, is not common enough to gain mention in the works on obstetrics. Hydramnios may have been present with an abnormal secretion of albumin going on from either mother or fetus. The writer has seen this rope-like discharge from a cow, but he has never heard of it in a woman—neither has he heard of a fetus covered as was this one. There are various degrees of *vernix caseosa* covering, but in all known instances it has yielded to the efforts for its removal. Suppose the family give any experiences they may have along this line.—Ed.

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#### AN ORIGINAL CASE.

A young woman, married two years, came to me for treatment. She was a neurasthenic suffering from dysmenorrhea with its usual chain of symptoms. On examination the vagina would only admit my index finger for about an inch and there it met a septum of tough, fibrous tissue, probably the hymen. This septum had two openings side by side, with a small partition of tissue between.

I hooked the index finger in one and out of the other opening. I pulled this partition out of the vagina and incised it completely. This white fibrous tissue was reflected to the vaginal walls, again reflected back to the external surface of the cervix uteri, completely encircling it. I found the uterus and its appendages in a normal condition. Coition had been impossible and attempts extremely painful.

Since the vaginal passage is open coition is possible and entirely without pain. Her numerous symptoms reacted beautifully under the exhibition of eight

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If you can catch a coryza patient in the first twenty-four hours, give calomel and podoph., followed by atropine and iodine.

granules of cannabin gr. 1-67 every four hours, together with B. U. T.; and this was indeed a little medication rightly placed. For four months she has been absolutely without pain.

A peculiar fact about this case is that a physician had told this woman that her uterus had two openings, that she had a malformation of the genital organs, and that her case was hopeless. Is it a wonder that she was a chronic neurasthenic almost on the verge of insanity?

A. E. WRENCH, M. D.

Montclair, N. J.

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#### THE AMENORRHEA OF ADOLESCENCE.

What is the cause of the number of cases of amenorrhea in young women—or girls rather—of fifteen to seventeen?

To answer this seemingly simple question properly would need an entire number of the CLINIC.

The absence of the menstrual flow for any great length of time after fourteen is, as a general thing, a sign of some pathologic condition. An examination is imperatively called for, as the cause may be atresia of some part of the canal, or even the absence of all or some of the generative organs. Impregnation has also occurred at the time that the menses should normally have appeared, and thus no sign of a flow followed the most distressing symptoms.

These causes being excluded it is probable that the girl has that most common and yearly increasing malady—the anemia of adolescence. This is entirely separate and distinct from chlorosis, though it appears at the same time of life and has many symptoms in com-

mon. The intimate nature of this disease is not understood, but we all know it when we see it. The lips are blue, the mucous linings pale, and the eye either has a yellowish tinge or a blue one. At the same time the girl presents disturbances of all her functions almost; she is listless or highly nervous, laughs hysterically at one moment and cries the next, and has a habit which causes many parents much anxiety, of thinking herself a much-abused and misunderstood creature.

Now if once the menstrual flow has appeared, this state alone is not an excuse for vaginal examination, but the suppression of menses with anemia is. This form of anemia is a distinct disease and the cause of the delay in the appearance of the catamenia. Correct it and the flow will follow. If, however, we find a girl menstruate once or twice normally and then cease, while at the same time she becomes anemic, the cessation is only a symptom of the general run-down state of the patient and is a natural sequence. Iron, manganese and Nuclein, together with a stimulative eliminative course will, if the diet is looked after, soon remedy the dyscrasia.

Exercise of the thoracic and pelvic muscles should be ordered, walking, bathing and climbing hills are all indicated, and the girl should be prohibited from any studies or brain-strain for two or three months.

Any stenosis must, if it exists, be attended to, uterine displacements and irritations corrected—and just these conditions exist more often than is supposed, since wheel-riding went out and type-writing came into vogue—and the spine should be rubbed with cold water

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Do not let your coryza patients drink. Purge, flush capillaries with atropine and give iodized calcium to effect.

A solution of adrenalin to which a little menthol and thymol has been added is the local application for coryzas.

and rubbed after with a rough towel morning and night.

A favorite and most effective formula is as follows: Two Triple Arsenates with Nuclein granules after each meal. One of potass. permang. morning and night for ten days, repeating at the end of twenty days' rest. One granule each of sanguinarine and helonin are given straight along between meals, and a dram of Saline Laxative in hot water every other morning. Milk, eggs, fruit and lean meat are the staples of diet.

In congestive conditions, which are evident enough to need no mention here, the idea is elimination—thorough and prolonged—together with helenin, macrotin and the free use of lithium benzoate. One granule of strychn. and phos. comp. t. i. d. will aid matters, and so will Nuclein.

By following these simple directions faithfully, and impressing on the girl and her parents the necessity for prolonged treatment, the doctor can rest assured of getting the desired results.

C.

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#### TO REMOVE A BURIED NEEDLE FROM UNDER SKIN.

One of the most annoying things the general practitioner meets, and often meets, is a needle broken off immediately under the skin. The usual way of operating is to cut the skin open right over the point of entrance of the needle. I have spent hours, and seen other physicians do the same, without finding the offending needle. When on one occasion a lady came to me with a needle in the heel of her foot, the idea struck me to make the incision a distance away from

the needle, thus: > The dot represents the needle, the ">" the incision. Dissecting up the skin at this point, with a pair of strong forceps, I pulled the skin off, leaving about 1-16 of an inch of the needle above the denuded flesh. Having first made the cuticle thoroughly aseptic, I irrigated the wound until bleeding ceased, then I replaced the skin with three sutures, and it has always healed by "first intention" inside of 48 hours. A few times the needle has stuck in the cuticle and has come up with the flap when I pulled it loose. The trouble is that the pressure of the scalpel passing over the needle with its sharp point in the soft tissues makes it run away into the flesh, and it will move away even from the finger feeling for it. The oozing of blood of course makes it invisible.

J. A. CARLSTEIN, M. D.

Chicago, Ill.

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#### HOW TO CURE FRACTURE IN OLD PEOPLE.

There are so many good things in both the CLINICS that when I think I have never helped any I don't feel just right about it; so here goes to do my share:

April 26, 1897, Mrs. D., age 68, widow, fell on stone steps and suffered an intracapsular fracture of neck and right femur. I was called and diagnosed as above. There was shortening of about one inch and the foot was inverted. She could not use the limb and movement caused severe pain.

Now for the treatment, which is the most important part of the communication: The treatment employed was that taught by Dr. P. J. Maxwell, Profes-

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After swabbing with suprarenal solution apply to nose menthol, thymol and eucalyptol in alboline.

The initial fever of coryza will yield to aconitine and gelseminine alternated with calcium iodized: eliminate first.

sor of Surgery of Keokuk Medical College, of Keokuk, Iowa. Put the patient in bed on a smooth mattress; raise foot of bed twelve inches on side patient is on, and eight inches on other side of foot, four inches at head of bed patient is on. Then apply Sayers' extension to foot, steady with bags of sand on each side of limb, and put weight of twelve to fifteen pounds at foot. Then apply lateral and counter extension toward the heel, upward and outward at an angle of about 45 degrees from the body; apply close up. Put on eight pounds. After two weeks take off part of the weight and remove a little each week until all is removed at five weeks. Then get patient in a chair and let her use crutches for about five or six weeks, when patient will be able to use the limb and walk about without support.

The result in this case was almost perfect. She does her own work and goes about everywhere. This case was complicated with a large double goiter which interfered with respiration, and the old lady thought she was going to die. But she pulled through, O. K. Perfect cleanliness in these cases of fracture in old people will prevent bedsores, and so will an alcohol bath if there is any indication of them, two or three times a day, to the parts affected.

If the above treatment is carried out there will be a small per cent of cases that will not recover completely, and be able to walk as well as anyone. This treatment is rational. Extension and counter-extension with lateral extension at the angle, and the patient being on a double inclined plane toward the head and the farther side of bed, draws the bones apart so they can coaptate in normal condition. The blood-supply is suf-

ficient to nourish the bone, coning through the *ligamentum teres*. Now if this will induce CLINIC readers to use this plan of treating this class of cases, I am sure they will be more than pleased with the results. Success to THE SURGICAL CLINIC.

G. L. WATSON, M. D.

Cherokee, Iowa.

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#### A CRITICISM.

With Dr. Burgevin's kind permission, I will offer a criticism on his action in "Case I," SURGICAL CLINIC, for June, 1903, page 320.

His manner of removing the secundines was just right, according to my view, but the doctor's proper course was to perform the manipulations without waiting for the husband's consent, or even to inform him of the intended procedure.

In these cases I prefer to have patient under anesthesia, but I sometimes find myself called to go ahead with no other preparation than hand-sterilization.

I think that in such cases as those under consideration, and in some others, also, we often "lose out" by waiting to consult the patient or the friends of patient.

If Dr. B.'s patient had bled to death while the doctor was waiting for the husband's consent, the doctor and not the husband, would have been censured by the bystanders.

Permit me to say, in addition, that I have removed the placenta by introducing my entire hand into the uterus in more than a hundred cases, and have yet to note the first unfavorable consequence.

♥ ♥ ♥ ♥ ♥ ♥ ♥

If you "take cold" easily, after exposure, take drop doses of tr. camphor every half-hour for six doses.

"Ear-ache" calls for H<sub>2</sub> O<sub>2</sub>, followed by dropping into ear five drops of hot tr. plantago major. This cures.

I sometimes use my right hand in the uterus, but prefer the left, as it is one-half size—glove-measure—smaller than my "good right."

J. M. W. CANNON.

Kidder, Mo.

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We feel sure that Dr. Burgevin will appreciate this "criticism" which is as sensible as it is kindly. The doctor is the man to whom the patient's life is entrusted and he is the one who should decide whether a certain step is or is not needed. It is always best to tell the relatives that a serious step is about to be taken, but they should be told it is going to be done; not asked whether it should be. It is natural for the husband who does not appreciate the danger, but does realize the pain and supposed danger of "operative interference," to object to the latter and delay it as long as possible. The doctor who knows how important time is and how imperative the step proposed should simply tell the family that he has to do whatever must be done and then do it to the very best of his ability. The lives lost through delay and lack of determination are too many.—Ed.

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#### SOME EXTRAORDINARY MEDICATION.

March 22, 1896, I was called seventeen miles to see a case of pneumonia under treatment by Dr. M. Had double pneumonia and was completely jaundiced with hepatitis. The liver was so swollen that it congested the portal circulation. That this man was gasping and fairly fighting for each breath was not surprising. My judgment was that three hours

was all he had this side of Jordan if not promptly relieved. As Dr. M. was not there I at once gave him calomel gr. 20, leptandrin gr. 10, podophyllin gr. 1-2; this acted freely in one hour and forty minutes, again in twenty minutes. I waited one hour longer with no further effect. Saw him on the 24th, sent medicine once or twice by messenger, and recovery was prompt and complete. He now enjoys continuous good health.

The points of interest in this case are the unusual dose, the prompt relief, and no hypercatharsis.

J. C. EMMONS, M. D.

Scotland, Ark.

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#### ANEURISM.

Time has worked wonders both in medicine and knowledge of disease, yet are we so prone to be careless and indifferent to our patients as well as to our remedies, that sometimes it is almost criminal. And yet the brotherhood of humanity is so strong we forget and forgive this neglect in one another. But do our patients? God knows. But if we should judge by the patent medicines used each year and the rich harvest the traveling quack reaps from them, they are distrustful at least of us.

I have been interested in a case for several weeks, of a lady of very bright intellect, that probably will be of interest to your readers, and I will give it for what it is worth. Was called to see Mrs. T., April 22, 1903, who was slowly dying from some unknown malady. Had been treated for uterine trouble for four or five years. The stomach and kidneys had come in for their share of drugging. Found the lady in extreme anemia and

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After cleansing the ear and removing wax with peroxide of hydrogen, apply Euarol at body warmth if pain is lancinating.

In severe "ear-aches," cocaine solution applied on cotton to cavity, will give prompt relief; do not repeat, find cause.



no nutrition, good appetite but no assimilation of food; eyes bright, voice clear but weak; pains in pelvis—severe pains at times in rectum. Drank quantities of water and milk; kidneys very active, bowels constipated.

Here was a patient that had been the rounds and not one of her many (and some of the physicians of more than local repute) advisers had been able to give any relief or diagnose her disease. Had been told by a friend that she had been having sinking spells, so my stethoscope was quietly laid in my case for examining the heart.

When at the bedside I was told there was a tumor in her stomach. Placing my fingers on the tumor, was surprised at the force that was given on pressure, lifting my finger very perceptibly with each pulsation. Turning to my case and getting my stethoscope, I examined the tumor very carefully, getting a strong bruit at apex of tumor and for two or three inches below, and also hearing it distinctly at apex beat of heart above and back to tumor, finding a floating tumor in left side on close palpation. Found it to be the stomach displaced to that region some three or four inches below and six or seven to the right of the normal position.

Now to return to the other tumor: Found it stationary and bound to the vertebral column directly behind the normal place of the stomach. Here was the key to all other trouble—no nutrition. Thoracic duct depressed as it passed directly under the tumor, the solar plexus held as in a vise, and no nerve supply only the spinal accessories below—a weakened heart from forcing the blood through a bursted aorta, and no circulation below was evident. This

tumor had enlarged to double its size in the past year, but the patient had been aware of a trouble as she put it, in her back, for four or five years.

Three years before she had commenced with flooding and the uterine hemorrhage continued for two years without cessation; had been curetted without any perceptible benefit; in fact, made matters worse, causing an endometritis that was very painful and enlarged the uterus to thrice its normal size. If I would say this women had been given a barrel of medicines for every trouble imaginable, I do not think I would be exaggerating, yet this thing was as plainly to be seen and felt as the nose on one's face, yet it has been diagnosed cancer of the stomach (and here I will state that the stomach being misplaced was on account of the patient lying on the right side for months, and when turning on the back it was kept there by the prominence of the tumor to the left).

There is one thing—the hemorrhage I am sure was not altogether from the tumor. As is well known, such hemorrhages at times continue for indefinite times without any apparent cause, yet I doubt not this hindrance to the nerve and blood-supply, as well as the cutting off of nutrition from the chyle duct, had added to the cause. Here we have a sad demonstration of negligence in a thorough examination of our patients—this one suffering the most untold agony from pains and derangements of the abdominal organs caused by this aneurism, that could have been lifted if nothing more, and the nerves and thoracic duct set free, giving her relief.

But five weeks after I saw her she passed away, from starvation, from non-



Bear in mind that rhus tox, *per os*, and ichthyol locally, will cure more eczemas than any other treatment.

Corneal Opacity: The long-continued use of cadmium salts is said to have caused absorption of these opacities. Try the iodide.

assimilation of her food, too weak to have the operation performed and too near death for it do her any good.

Brothers of the profession, we are all too neglectful of our examinations. I know it is embarrassing to urge a thorough examination at all times, but are you aware of the fact that we as doctors are ruining the profession and our good names by this neglect and carelessness, by not thoroughly understanding all of our patients' maladies? While we might be honestly mistaken, yet if we show the people we are going to know by a thorough search, not once, twice or thrice, but a hundred times if necessary, we will lift a great stigma off our profession that holds the laity to patent medicines and quack doctors.

And now a word for the little pills: Don't be afraid of them, and don't be afraid to study them also; in fact, there is where the trouble lies—too lazy or busy to look them up—given at hap hazard as you gave the old remedies and not much better results. But after three or four years' experience I am happy to add, not a fever or pneumonia patient lost has proven to me that I have at last found something to hang my trust to, and it will not be betrayed. It takes hard study and work to learn the good traits of the little giants, so as to get the most good out of them, but they will do the work without a doubt. Aconitine, digitalin, hyoscyamine, gelseminine, veratrine and dozens of others, have made the old dragon of dread fly from my mind when I go to sleep, and know my patients are doing as well as I would have them. And my treatment is acting like a charm on both the babe as well as the old grandsire. I have almost forgotten I have a buggy case; a nine and a

twelve-vial alkaloidal case in my pockets, and I can handle almost anything that turns up. They are the "know how" in medicine without doubt. But probably I have worried all and had better close, trusting that I have said something or dropped a thought that will lift the clouds away from a weary traveler's mind along the medical highway—and God knows there are enough to burden us all. And here is success to Alkalometry.

G. W. WHITELEY, M. D.  
Albany, Mo.

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I was caught once in the same way—never suspected an abdominal aneurism under ascites till the patient died suddenly. And for many a day afterwards I made very careful examinations, even when the case looked quite plain on its face.—Ed.

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GONORRHEA.

In your June number on page 343 and under heading "A Florida Cracker." I note the **R**:

Balsam copaiba. 10 cents worth  
Dulce niter spts. 10 cents worth  
Apple vinegar. 1 wineglassful  
Spts. turpentine. 12 drops  
Potass. nitrat. . . 20 grains

**Mix it.**

I have no comments to make on this prescription as its composition will recommend it to any scientific man as the nastiest possible remedy for the nastiest possible disease (gonorrhea).

This and similar remedies are used here among the blacks, a majority of whom usually keep a good, healthy case of gonorrhea in order to avoid colds.

Corneal Opacities: Give iodoform, arsenic or mercury iodide, small doses very long continued, to cause absorption.

Corneal Opacities: Good reports have appeared as to the use of thiosinamin, gr. j *ter in die* for six months.

Referring to the foregoing prescription (if it may be allowed the name), I would say that after 18 years' continuous residence in Florida I have not seen a wineglassful of pure apple vinegar.

It is like the Irish boy in battle. The rain was coming down in torrents, the sergeant knowing the ammunition was likely to be wet went up the line asking the boys if their guns were firing all right. Finally he came to Mike.

"Mike, does your gun fire all right?"

"No sirree, begorry."

"Then why do you reload?"

"Sargent, there is seven in there now, and when it does go it will give somebody hill."

If you will allow the expression, it appears to be a "*heterogeneous conglomeration*," that like this gun would be likely to kick at both ends.

ALF. ABESHIRE, M. D.

—, Florida.

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#### "MORGANIZATION."

It would be difficult to mention any subject of greater moment to the medical profession of to-day.

Great from every aspect because it and it alone can let down the bars to progress. I fully realize that in attempting this article someone is going to get hurt, because there are members in our profession who stand at the gateway and refuse to let down the bars with a conservatism that makes them almost unworthy of American citizenship; an obstinacy and an obduracy so intense that it bids fair to rival that of the Celestial followers of Confucius.

Can bigotry render a reason?

None but that of the child who says, "I don't want to."

"And why don't you want to, little boy?"

"Oh, because I don't want to."

Truly "the fool is wiser in his own conceit than seven men who can render a reason."

In this day of enlightenment there is yet with us that remnant of bygone existence, that vermiform appendix in the body of our profession, which causes intense colic whenever anything comes near it, and woe be unto him who dares to touch McBurney's point.

The name of that appendix is Sectarianism, and unless you cut it out we may expect no change for the better.

The pus of patent medicines and advertisers is rapidly weakening the public confidence which supports our medical backbone.

Sectarianism, I say, cut it out. If we organize, we organize as the medical profession and not as schools. The man who limits himself to the narrow confines of any school lacks that essence which entitles him to the name of physician, and puts the stamp of bigotry upon himself.

We do not know everything yet. "Try all things and hold fast to that which is good."

Truth will win out. Stand aside. Compare your weapons in the warfare with disease and death—and then fight one another because they are not the same? No.

Remember that roads from opposite directions may lead to the same town, and that there are many ways of going; on foot, on horse, in a carriage, on a bicycle, or an automobile.

Help one another. Show one another. If any man does not want to be shown, let him alone; "he knows it all!" Or,

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Corneal Opacities: It has been claimed that these gradually disappear under the steady use of anemoinin, small doses.

Corneal Opacities: Don't be too sure that there is no virtue in the persistent action of remedies mentioned.

his mind has all it can hold. Toleration first, then organization.

There is good and evil in all religion, but the good is not in the 'isms and 'ologies but in the Fatherhood of God and Brotherhood of Man.

There is good and evil in all schools of medicine, but the good is not in the 'pathies—but in that desire for human welfare which is above them all.

There is good and evil in all political parties, but the nation's welfare depends on that spirit of patriotism which outlives and outreaches them all.

Toleration, then organization! And why organize? Because the time has come when we must organize, advertise, or deteriorate.

Now then, all ye redeemed from the narrow paths of sectarianism, before you lies the battlefield. Draw the sword of independence and say in one voice, The laborer is worthy of his hire!

We are the Union of American Physicians and Surgeons.

He that is not with us is against us.

Draw up articles and incorporate.

Have a firm constitution.

Have every member make oath to uphold it regardless of immediate personal consequences.

Have annual dues to be used for the furtherance of the union.

Place yourselves at an advantage and every outsider at a disadvantage. Have a National and State Head-Physician, and let every union member of reputable graduation, or licensed in one state, practise in any other state as assistant (nominally) of the Union's State-Physician, until the union has a recognized National Board of Medical Examiners.

Have a union paper where all dead-beats will be blacklisted.

Have a union lawyer to collect in the name of the union, the physician to get half.

Make cash fees half the credit fees, but no higher than our present rates. Never consult with non-union M. D.s, if there is a union man within 100 miles.

In all cities above a specified population, have a Union Library, Laboratory, Treatment Rooms, Hospital and Medical Offices, where new beginners in that city may spend their first year receiving patients and calls in rotation at current rates; the union to receive a percentage to help meet local expenses.

Everywhere have a specified ratio between the number of physicians in a city and the population. Whenever a union M. D. is hard pressed and unjustly treated, retaliate vigorously. Send all the union men the place is entitled to, open a cost price drug store and let them work free if necessary, but drive out the scabs.

Sign no death certificates for insurance companies who do not employ union M. D.s. Thus united we would prevail against overwhelming odds.

We would get the pay patients and they the paupers and beats.

It can be done! It will be done!

C. W. C., M. D.

—, Wash.

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#### DOCTORS' UNIONS. SPIDER BITE.

Beg your pardon, but why is not a clean, healthy "scab" quite as much of a credit to the healing art as a plethoric "leech?"

I am too independent to sign over my liberty of thought, conscience and action, to the bosses of any trades' union.

The welfare of my families, moral,

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**Corneal Opacities:** The absorbent whose action is evident in a month's steady use is very rapid; wait three months before deciding.

**Convulsions:** In children, fever calls for cold to head; relaxation for hot baths; one sedate, the other stimulate.

physical and financial, is more to me than some doctor's pocketbook.

The negroes from the still either pay cash at each visit or present an order from the firm for their bill. Occasionally someone who can pay and won't pay has to be made to pay—but as often some grateful patient presents a check for double the bill or insists on showing the doctor a kindness which far overbalances the account. I cannot expect to live better or enjoy a larger income than nine-tenths of my patients.

If once in a while the grind of many duties and little strength makes one discouraged, the "Bonnie Brier Bush" with Dr. MacLure and Old Jess put a wholesome touch of the heroic into the picture, and you are thankful that Ian MacLaren's ideal in not entirely impossible in your remote corner of the universe. But enough of this.

Sunday morning I was summoned to a case of insect (spider?) bite. The patient, a girl of sixteen, had eaten some May cherries and had taken some milk the day before, and her stomach was irritable and tongue coated.

The insect I supposed to be a spider bit her on the thigh about six o'clock in the evening, Saturday, June 6, 1903. Immediately swelling and muscular spasm at the wound, and later paresis of the limb, supervened.

In spite of the usual home remedies general convulsions and intense pain from the waist down came on, increasing in severity until it required two to hold her on the bed. Opisthotonos and rigidity of abdominal muscles were most marked, with icy cold hands and feet and frequent vomiting. Spasms became almost continuous. She was just recovering from a most severe attack

when I reached her at 8 a. m. I at once gave her an atropine tablet. Applied saturated solution of potass. permang. to the bite, gave teaspoonful doses of weak solution of the same, and as soon as symptoms of another spasm occurred gave glonoin gr. 1-250. This spasm lasted less than five minutes and did not recur for one hour. Repeated glonoin; spasm lasted three minutes. Potassium permanganate continued every half hour. Glonoin at any indication of convulsion, and salts and enemas to relieve the obstinate constipation.

Second visit Monday noon. Patient appears very ill. Temperature from 100° to 101.5° with cold extremities. Urine scanty and thick, no movement of bowels in spite of salt water enemas and two large doses of salts. Only one hard convulsion, that on waking from a sleep which had delayed the giving of medicine.

Ordered Saline Laxative, teaspoonful every two hours, aconitine and atropine together in solution every hour, in addition to glonoin and potass. permang. as before.

Tuesday morning. General condition improved, one smothering spell, and tonic and clonic spasms of the one leg noticed. Bowels obstinately constipated still. An irregular blackish brown spot an inch in diameter marked the site of the bite—this was surrounded as was the navel by a scarlet, spotted area, which by Wednesday morning had spread to the face and limbs.

Wednesday. After two days' use of Saline Laxative bowels moved twice and urine was more abundant; no return of convulsions.



Cyanosis: In congenital cases give enough glonoin to flush the face; if better, keep up the effect with atropine.

Cyanosis: See if there is a foreign body in the pharynx in cases coming suddenly; remove it with your fingers.



Thursday morning. Circulation improved, spots had disappeared. The diet which had been limited to white of egg in water was enlarged to include condensed milk and tomato. Patient is improving in every way but is still too weak to sit up at the end of one week. This is my fourth case of spider bite. The first was under the care of another physician for three months, then came to me. She was anemic and her circulation was very poor. Six months after the bite, after the birth of a child she had two attacks, lasting two hours, and an hour and a half respectively, in which she lost consciousness, turned a spotted grayish black, with cold, clammy skin, and for part of the time artificial respiration had to be resorted to. She fully recovered.

The second was a middle-aged lady. The heart was chiefly affected. She recovered but has occasional heart attacks, probably not from the bite.

The third was a strong, young negro. The history of this case was similar to that given in full, except that on the second and third day his entire body was swollen as well as spotted. He was in bed two weeks but recovered completely.

I have happened to see but little literature on insect bites and their treatment, so have gone on general principles in these cases.

Since writing the above an English patient, born and raised in East India, tells me that in one case of poison spider bite an old remedy—fresh warm cow chips—was applied as a poultice, changed as frequently as they could be obtained. This patient escaped constitutional symptoms, but developed a very

large abscess at the site of the injury, which required a surgeon's attention.

O. E. WORCESTER, M. D.

Conant, Florida.

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We have been trying to get up a discussion on this union question, and out of this discussion to evolve benefit to a very poorly paid profession. Much obliged for your account of the spider bite; but the Jacksonville Board of Health will get out an injunction against you, claiming that no poisonous spider, venomous serpent, scorpion, centipede, alligator, or malarial mosquito, exists in Florida. Also that all Florida men part their hair in the middle and never use language stronger than oh my! when vexed.

Echinacea has been highly recommended for all venomous infections.—  
Ed.

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#### HEMORRHAGE IN NEWBORN.

I had such a novel case that I thought it not out of place to report it. I do so from the fact that in a practice of fifty-three years I never met a case of the kind or heard of one. Have consulted a number of physicians and not one of them had ever had or heard of a similar case. It may be possible that it is not uncommon and yet be new to me, yet I have conducted over twenty-nine hundred accouchements, if my record is complete.

I was called the morning of April 4 last, to conduct labor of Mrs. Wm. W. of this place. At about 11 o'clock a. m. she was delivered of a male child, whose weight was about eight pounds, seem-

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Cyanosis: In late phthisis give glonoin followed by aspidospermine enough to relieve spasmodic contraction.

Cyanosis: When due to accumulated secretions give sanguinarine to make the patient cough the stuff out strongly.

ingly hearty in every particular. Left mother and child in good shape about 1 o'clock.

The following morning the father of the child called and told me the child was passing large quantities of blood. I went immediately and found that judging from condition of clothing and wraps, it must have passed at least one quart, as everything was soaked. It continued all of Sunday at intervals of an hour or two, once or thrice during night, on Monday some five or six times. The child had taken no nourishment during the time. I had the child placed to the breast about dark; it nursed well, seemed satisfied and slept well. I called early on Tuesday morning, found it all right, had had one or two natural movements, no blood.

Was it an unusual case?

M. F. MORRIS, M. D.

Holliday's Cove, W. Va.

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#### INSTRUCTION FOR ANESTHESIA.

The first thing to do in the administration of an anesthetic is to gain your patient's confidence. Tell him what you are going to do, what he must do, and what will occur. Tell him that just as he is going under the influence of the anesthetic he will experience a choking, suffocating sensation, that he should not resist the sensation but allow himself to go to sleep, if he did not obey you it would be necessary for you to give him a larger amount of the anesthetic, and that he would feel more nauseated or even vomit considerably after you ceased the administration of the anesthetic.

The anesthetist invariably tells his patient to "breathe deeply." This is what we wish the patient to do but are frequently disappointed. In your next case tell your patient to blow the anesthetic away from his face and to keep blowing it away. By doing this he unconsciously takes a deep inspiration each time and is soon under the influence. I have occasionally been amused to see the patient begin blowing again when returning to consciousness. This method has been very satisfactory to me, as it aids in a partial evaporation of the anesthetic, which is essential, and at the same time a certain amount of oxygen is inhaled and each expiration is followed by a deep inspiration.

Instead of an inhaler I prefer a handkerchief spread over the patient's face. With the left thumb and forefinger pick up the center of the handkerchief, making a pyramid with the apex over the nose and the base touching the face. Now place a few drops of chloroform on the apex of the handkerchief and direct the patient to blow it away—continue the dropping and blowing process, and in a few minutes your patient without a struggle will be sleeping peacefully and quietly. Children as a rule are not frightened by this method and acquiesce to it readily.

The ether cone can be replaced by several folds of gauze as less air is required in the administration of ether than chloroform. The same method of breathing should also be observed with ether. Inhalations of vinegar after chloroform anesthesia lessen the vomiting and nausea.

E. N. RITTER, M. D.

Williamsport, Pa.

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Cyanosis: In the aged with respiratory affections the indication is for sanguinarine, squill or senega with ammonia.

Cyanosis: From weak heart, give digitalin, sparteine, cactus, adonidin, brucine, strychnine, just enough, no more.

## REPLIES TO SURGICAL QUERIES.

In A. M. K.'s case of "mammary tumor," if he will give coniine (conium maculatum internally to the woman, he will succeed. Use in-addition to the violet ray treatment.

QUERY 502:—Varicose ulcer in woman of 60. Give hydrastin internally and constantly and after several days, clear ulcer as the editor suggests and dress with Bovinine regularly each day till well.

503:—Cut linseed oil with fluoric acid and dilute with more oil and apply to the pruritus. Sure thing.

504:—Very weak solution of acetate of lead, one week, and same of sulphuric acid alternate weeks, given each 2 or 3 will surely cure your man aged 55, of "Spasm of Oesophagus."

507:—Get the German woman married, if "she is willing to try anything," and give tincture of tiger lily in water 3 drops, each 3 hours.

508:—Will get well without local

treatment by giving helonin internally, frequently repeated, at first, and then extend time as better.

509:—"Female aged 43" will improve at once under internal use of tincture of cinchona 3 drops each three hours.

511:—"Labor Trauma," besides investigating the rectum, *repair the perineum*, and use arnicin internally and tincture of arnica in water locally.

519:—"Enuresis, girl of 14" would use no local treatment whatever, except cleanliness, and give iron internally. Smallest possible dose repeated frequently and you will be surprised at the result.

520:—"Hiccough." If the mechanical suggestion fails, try muriate of ammonia.

521:—"Frost Bite," needs agaricin granules and Glauber's salts in solution locally. Give agaricin each 3 hours.

JOHN F. EDGAR, M. D.  
El Paso, Texas.

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## SURGICAL QUERIES.

QUERY 552:—"Atropine and Calcium Sulphide in Whooping-Cough." I am very well satisfied with the CLINICS and find therein much valuable information for the country physician. I saw the statement that atropine and calcium sulphide act as a specific in whooping-cough. Will you kindly inform me of the dosage you prescribe? Do you push the drugs pretty hard?

H. C. P., Pennsylvania.

We are pleased to know that you are so well satisfied with the CLINICS and that you found them of so much value. In pushing atropine and calcium sulphide in whooping-cough, you simply saturate the patient with calcium sul-

phide and give atropine to full effect. Now, Doctor, we need not explain to you that no dosage can be laid down to fit all cases. "Dose Enough" is the rule and we are quite sure that with this hint you will be able to control the cases.—  
Ed.

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QUERY 553:—"Condurangin for Cancer." I want to use condurangin in what I take to be an epithelioma on the nose and cheek involving the lower lid of the eye. Please give me full instructions for using this drug and I will try it in this case.

Q. H., Georgia.

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The two symptoms most marked in empyema of the antrum are, 1: the purulent secretion and 2: pain.

In empyema of antrum the secretion is usually more profuse in the morning; it gathers in the pharynx during night.

As regards condurangin, it can be used locally or hypodermically three to four times a week. If given internally 1-67 of a grain should be given on an empty stomach 3 to 7 times *per diem*, each dose being dissolved in a little water. The hypodermic method has not yet been proven successful, but we believe that it is a good method, and think you will find it satisfactory in the case under consideration. Of course if it is not cancerous, condurangin will certainly not prove of benefit, but if it is malignant you should get good results from the use of the drug, using it hypodermically and feeling your way as to the number of injections you make. Let us hear the result.—Ed.

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QUERY 554:—"Nuclein in Phthisis." I am going to try Nuclein in a case of phthisis which has just come under my care. Married lady, age 46, cough is very stubborn, afternoon temp. 101.5. It began 5 years ago but seems to have been checked until a month ago when it returned. I have Waugh on Respiratory Diseases and am treating her accordingly. She had diarrhea which I controlled with the W-A tablets, but her cough will not budge. I cannot either, stop the total anorexia. Her only nutriment is a few raw eggs and some milk.

T. M. S., North Dakota.

We are glad to know that you are going to try Nuclein in phthisis. We suggest that you give her beside the Nuclein the Triple Arsenates after each meal and quassin from one to two granules before eating. We would also like to have you use iodized calcium, 1-3 of a grain tablet, every three hours during the day. If you will follow this treatment in this case and keep up a thorough elimination we believe you will be able to get marked results.—Ed.

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Small ulcers around the anal margin are often not to be seen until the folds have been separated and stretched: explore well.

QUERY 555:—"Amenorrhea." I have a case of a girl of 16 with amenorrhea and dysmenorrhea; is well nourished and large for her age. No stenosis of cervix. I want to put her on alkaloidal treatment. Please give the line of treatment for say two months. She is not anemic and menstruated quite freely once—last month.

T. W., Texas.

I think I would put this girl on the B. U. T., giving her one pill three times a day for 10 or 15 days prior to the expected period, and one granule of senecin every two hours during the balance of the term together with helonin. I would also keep the bowels open by giving Saline Laxative one dram in hot water before breakfast, together with two to four anticonstipation granules after each meal.

I am convinced that if you follow out the instructions and make the patient understand that she will not get results for at least two months you will have a satisfactory termination to the case.—Ed.

✽

QUERY 556:—"Abortion." Lady, has aborted three times; this time the fetus was macerated — had died at least ten days prior, and the uterus was retroverted completely. I lifted it up and delivered the macerated mess; the placenta I removed by several tough curettements using at first dull and finally sharp curette and irrigating with sterile boric acid solution. Now it is the third week and she has endometritis with a great deal of sloughing, pus and ulceration, together with a ragged cervix. I to-day used irrigating curette (dull) gently scraping and washing with the boric acid solution finally wiping out the cavity with wool and injecting Euarol.

On the third day I propose to repeat the process and at the same time replace the organ in normal position and put a

A good Pratt bivalve speculum, another fenestrated, a bottle of H<sub>2</sub>O<sub>2</sub> another of cocaine and sil. nit. in stick will do most rectal work.

tampon against the os saturated with boroglyceride—is that O. K.? I see her ovaries and tubes are paining her and they may need treatment in the shape of a loosening up of the bowels with Saline Laxative for a few days with a blister locally. I am afraid that my patient will have a septic uterus and never get well. She is getting despondent. How shall I stop that ulceration or whatever it is? Is it best to chloroform her and use the sharp curette all over the surfaces and then pack with iodoform strips?

C. O. B., Mississippi.

What causes this lady to abort so often, Doctor? I don't envy you in your work with that macerated fetus at all. It's a wonder you did not have some pretty severe complications. I should see to it that these abortions stopped, because some fine day that woman will turn up her toes mightily suddenly. I should think she would have endometritis with metritis as well. I would not use Euarol but I would go up into that uterus and swab it out with pure iodine or carbolic acid after irrigating well with an ichthyol solution. Then I would use the Depleting Suppository *per vaginam* one day, and the next day would use Ichthyol one part, glycerite of hydrastis one part, iodine one part, and glycerin five parts applied to the cervix on a wool tampon. Keep her bowels open and give her calcium sulphide in large doses with the Triple Arsenates after meals. Later use the B. U. T., with Euarol locally. I think you may thus avoid operation under anesthesia. It's a nasty mess anyhow and needs great care.—E.D.

✱

QUERY 557:—"Prolapsed Funis." My appreciation of the alkaloids and your journals is best shown by the growing use of the same and the inter-

est with which your journals are read. I only wish I could write all my experiences with your preparations, but this fact you can assure your readers that nothing will give them as much satisfaction and bring in such good returns as the use of your combination granule, Diuretic and Antispasmodic. In cases of cystitis they are "wonder workers," sure, not in hours but in minutes and patients sing their praises continually. With the "Sudorific and Resolvent" granules, tonsillitis, quinsy, and throat troubles will melt away like snow before the noonday sun.

What I started out to ask was for your experiences and method of replacing a prolapsed funis so as to insure as little injury as possible to the mother and yet preserve the child? Can it be done after labor has well advanced? Kindly ask the CLINIC readers to relate their experiences and their results. My cases have averaged one in every three cases, and always a still-born baby.

In a case of epilepsy resisting all treatment, I gave the bromides, Oenanthë Crocata, glonoin and the homeopathic disks gave splendid results. This drug might bear looking into.

I wish you every success and will endeavor to do my best to make the CLINIC interesting reading.

H. H., Kansas.

We thank you very cordially for your good words relative to the alkaloids, especially noting the diuretic and antispasmodic combinations. Now, Doctor, we try to avoid getting alkalometrists to use more combinations than is absolutely necessary, preferring to teach them to stick to the active principles in single doses. However, we have several thousand commendations similar to yours on the file and were we to put them in the CLINIC as you so kindly suggest we should not have room for anything else.

Don't you mean a prolapsed funis?

• • • • •

Never attempt, at least seldom attempt, to do a rectal dilation without obtaining surgical anesthesia. Results are poor.

After dilating the rectum if you have one or more fissures to deal with, wash with H<sub>2</sub> O<sub>2</sub> and then drv and touch with silver nit.



You speak of prolapsed fundus. Of course one can have a prolapsed fundus uteri, but we don't see how that could affect the mother and child as with a prolapsed fundus I am afraid the child would not be there. A prolapsed funis is not a difficult matter to handle, particularly if you put your patient in the knee-chest position, and can usually be replaced with a hook or a crochet. We will make a note of this question of yours and see what the Family has to say about it.

Why, Doctor, I have confined at least 400 women in the last eleven years and I have only seen three cases of prolapsed funis and two of those were attended by a midwife and had been in labor for eleven or twelve hours before I was sent for. You have certainly had hard luck.

Oenanthe Crocata is a drug that is very uncertain in action and we have been unable to isolate the alkaloid thereof, but, Doctor, if you want something to knock epilepsy into a cocked hat, you should use verbenin together with atropine, glonoin, Salithia and colchicine. Try this and let us hear from you.—Ed.

✻

QUERY 558:—"Inflammation of the Ovaries." I have a case of chronic inflammation of the ovaries and fallopian tubes or so it seems from the patient's description of the case. I cannot detect any enlargement of the tubes but patient seems sensitive everywhere. Temperature normal, pulse 80, regular. No abdominal distention. Cannot do any work, because of constant pain, position of uterus normal. Patient in good flesh, extremely nervous, eye sight defective, pupils dilated, nearly all the time. If I did not think it a mistake to refer to a person as hysterical, would class her there. Can't use the speculum

without her making an outcry. When she knows a probe is in the speculum it always hurts, whether I am touching her flesh or not. I am using glycerin and iodine tampons three times a week, alternating nights use wafers to relieve a light case of leucorrhea. I have put her on bromides for restlessness nights. My patient has used Dr. Bird's codeine hyoscyamine and morphine to relieve the pain. My reason for writing is this: I received your helpful hints this morning and from the pointed statements Buckley's Uterine Tonic must be about what I want; also the vaginal antiseptic and depleting suppositories, if I am correct.

W. A. W., Texas.

I think, Doctor, I would treat that case in this way: There is, as you suggest, a certain amount of hysteria present unquestionably. Beside the treatment that you have outlined for the case, would suggest the use of the "triple valerianate" pill; there is one grain of each of iron, quinine and zinc valerianate in each pill. Give this woman the one-grain pill three times a day, together with the Buckley's Uterine Tonic, and insert the depleting suppository every night on going to bed. The Vaginal Antiseptic tablets I would not use for a week or two, and then would give two weeks' treatment with them. In the meantime, Doctor, suppose you go up into that uterus twice a week and apply Euarol on a cotton-wrapped probe, being extremely careful not to force any of the uterine fluids into the fallopian tubes. Keep this woman's bowels open with calomel and podophyllin, following with Saline Laxative in the morning, and if you think there is any autotoxemia present give her one or two grains of zinc sulphocarbolate an hour after eating. If we can serve you any further, let us hear from you.—Ed.

• • • • •

Treat your rectal diseases yourself and make it a point to know how the work should be done. Read and then practice.

In fissure of the anus you can guarantee a cure and make it by a thorough dilation—instrumental is best—under anesthesia.

QUERY 550: — "Ethyl Chloride." Please send me instructions how to use ethyl chloride which I see mentioned in the CLINIC often. Is it used hypodermically or how? Could one use it to amputate fingers and toes?

S. S. G., Louisiana.

The only way to use ethyl chloride, Doctor, is by a spray from a properly prepared tube with a capillary orifice. It freezes the parts by rapid evaporation, and after a very few moments the effect is lost. Here's the method of anesthesia for finger amputation: Pass a rubber ring around the base of the member and about half an inch above it spray with the ethyl chloride until you have a section frozen white. Then inject into that spot five minims of one to ten Nirvanin solution which is better than cocaine (but you can use the latter if you wish), then take the other side of the finger and repeat, following the same process on the dorsal and palmar surfaces. Now wait five minutes and you can amputate the finger and the patient will look on and help you, probably, hold the vessels or do anything else which you may wish him to do without suffering the slightest pain. This is a splendid method for circumcising. Don't forget it. If we can do any more for you let us know and we should be very pleased to serve you.—ED.

✱

QUERY 560: — "Post-Graduate Course." It is my intention to go to either New York or Chicago in the near future to take a course of post-graduate work. I should like a disinterested opinion as to the relative merits of the two cities. What I should like is to act as assistant to some good surgeon so that I would be afforded an opportunity to study the man and his methods with the end in

view of making myself as nearly a master of surgical technique as possible. For such an opportunity I would be willing to pay well. I fear such privileges are not given to any except graduates of the schools with which the leading men are affiliated and then only to those who pass "high." It is as natural for me to turn to you for advice as to go to the clinics for my therapeutics. In using the alkaloids in private practice or as a consultant I unhesitatingly recommend their use for which I offer no apology. Their successful use is in direct proportion to the intelligence of the user who needs to have a knowledge of their physiological action and be able to correctly interpret pathological conditions.

H. L. P., California.

Doctor, you can't do better than come to Chicago if you want to get post-graduate instruction, and we give you this hint: Suppose you come to the city and get a room near the Cook County Hospital, get tickets for the clinics there and then make a personal arrangement with such men as Pratt, Eads, Ochsner, Robinson, etc. In this way you can watch these men do their most minute work and have the benefit of their personal instruction as they will only have a limited number of men at a time, whereas if you take the regular post-graduate ticket you will have to take your place in with everybody else and see what you can see of a great deal of useless (to you) work.

We are glad to know that we have in you an ardent and thinking adherent of alkalometry, and hope you will make up your mind to give us your experience in the near future. We feel sure that if you would give us some articles for the CLINIC they would be of intense interest. Won't you do this for us, Doctor?—ED.

• • • • •

The use of opium and belladonna suppositories should be given up for aesculin, orthoform and hamamelin: these do something.

Pin it up now on your wall: absolutely no aloes, aloin or compound containing same in pile cases.

QUERY 561: — "Vitiligo." A delicate lady in the thirties has had bad health for years. Some years ago she observed a spot on both eyelids of a whitish yellow color which gradually enlarged until now fully one-half of lids are covered, similar spots are on the palms of her hands and between her fingers. Has spent time and money to get rid of them. They have been burnt off with acid but soon returned. These spots are not painful nor is there anesthesia.

They look smooth, not elevated, and

not indurated, although their color make them appear to be elevated. I am not up on dermatology and I have never had a case like this before. I contented myself by naming it Albinoismus, or is it a form of leprosy? It's up to you as an authority for name and treatment.

M. C. B., Indiana.

This is a curious affection known as vitiligo or leucoderma. It does no harm, and no known treatment affects it. The brightness is subdued by weak mustard applications to the white patches.—Ed.

❖ ❖ ❖ ❖ ❖

### CHIPS FROM OUR NEIGHBORS' WOODPILES.

Antiversions and antiflexions of the uterus are the most difficult malpositions and are best handled by gravitation and mechanical reposition.

❖

In wounds of the face and scalp, pay special attention to the placing of stitches, it is easy to cut off the circulation from part of flap.

❖

Tannin is now said by competent observers to be the most generally useful drug in tubercular cases. It relieves the fever and stops sweats.

❖

Don't be misled by the pains which often occur at the eighth month in pregnant women; labor is not imminent and rest will stop the trouble.

❖

The woman who has a needle in her hand should be told to go and wait for its re-appearance unless you can absolutely detect its location.

❖ ❖ ❖ ❖ ❖ ❖ ❖

To take the "smart out of" piles after defecation, bathe with hot water and apply camphor and carbolic acid crystals rubbed together.

In post-partum hemorrhages there is nothing more certainly useful than compression of the abdominal aorta. Compress above the umbilicus.

❖

If after emptying a hematoma in spite of precautions it becomes septic, you should flush the cavity with iodine solution and treat as an abscess.

❖

If a boy bleeds from the rectum and says he has fallen on sticks or such objects, do not delay exploration of the bowel; something may be there.

❖

Two parts of borax to one of alum mixed thoroughly together makes one of the most efficacious preservatives for meat and milk. Sold as Aseptin.

❖

Ol. cinnamon is recommended by Shoemaker and others as a good substitute for corrosive sub. It may be applied to recent wounds and stitch holes.

On no account allow your pile patients to use any cold application to the parts: heat, heat and more heat for relief.

There is no telling just how much the man who says "I'll try" will be able to accomplish. He'll certainly do more than the "I can't" man.

❧

In only the mildest forms of retroversion can a cure be effected by reposition and tamponade; the treatment must last six weeks at least.

❧

If in a lacerated, uneven wound of the scalp or face there is noticeable a pale-edged flap, do not place sutures in it unless far from edge.

❧

A needle in the body, anywhere, is not apt to cause harm; the smallest piece of wood on the contrary is bound to bring disaster; get it out.

❧

A child with a grunting respiration and frequent belly-ache should have its spine examined; these are often symptoms of Potts' disease.

❧

Aspirin 5 to 7 gr., with a full dose of ext. nux vomica in capsule form every four hours is highly spoken of as a substitute for the salicylates.

❧

In deep non-projecting lumbar abscesses, cut down opposite a transverse process and so avoid the possibility of severing a lumbar artery.

❧

Life after all is half an "if" and three-quarters of it a "lie." The doctor has his full experience of both moreover; "ifs" for fees and "lies," well—?

❧ ❧ ❧ ❧ ❧ ❧ ❧

Protruded "internal" piles can be covered with a piece of gauze soaked with cocaine and soon become anesthetized.

Chloral hydrate and ol. eucalyptus, dr. 2 of the first and dr. 5 of the last, in an ounce of water, for mucous patches when mercurials are not tolerated.

❧

Are you aware of the existence of the Sinus Pocularis? If you "don't recall it just now," stop passing catheters till its location is thoroughly learned.

❧

The man who talks about an impassable stricture had better not be talking at all. He should be reading—and passing bougies on his own anatomy.

❧

In all severe fevers, lesions of head and spine, comas, deliriums and so forth, make it a point to feel for the bladder daily; there may be retention.

❧

"The family physician does the work. The consultants and specialists do the talking and writing and take the fees."—Osler. How's that?—C. M. M.

❧

Don't be too quick to talk about hysterical retention of urine in women. It may not be hysterical and if not relieved there will be a destroyed bladder.

❧

Incisions should be *straight* in the hand, in the urethra, and on the vertex. Should *radiate* near the nipple, at the anus, and in scarifying the conjunctiva.

❧

Always think of hematomata and traumatic aneurisms when called upon to open an abscess. Make quite sure of your ground before cutting.

The hemorrhoidal patient simply must not eat meat of any kind: limit his diet to fruit, vegetables and cereals.

If you are not positive that your hypo needle is surgically clean, do not inject cocaine into a hemetoma before opening. You will infect it.

❖

If there is but slight infection in one part of a sutured wound of the face, it is not needful to take out all the stitches. Loosen lower angle.

❖

Do not give an anesthetic to a woman unless another woman is present, and remember that it is always safer to have another doctor present.

❖

The Junker inhaler should always be looked over to see that the tubes are in proper position, otherwise the patient may get pure chloroform.

❖

When you have wounds of the thorax or abdomen to deal with, it is a good rule to leave your probe at home. You might use it and do great harm.

❖

If you once deliver a woman on a cot with the proper surroundings and by the proper technique, you will never willingly deliver "botch-wise" again.

❖

In your primipara instruct that the nipples be drawn out every day and washed with a warm, mild, alum solution. If inverted, use pump early.

❖

Pulv. applopappus comp. or the syrup of the same drug should be in the obstetric satchel of every doctor. It will empty a uterus in fifteen minutes.

❖ ❖ ❖ ❖ ❖ ❖ ❖

Cystitis, Acute: Atropine relieves irritability in all forms; especially when due to catching cold. Give dose enough.

At the time you take the pelvic measurement of the pregnant woman examine her nipples and if they are abnormal take steps to correct defects.

❖

Think twice before you open an abscess anywhere near the large arteries, and when you have to, feel your way with director and use stethoscope.

❖

Before you start a man to using a catheter, satisfy yourself that he most thoroughly understands the care of the instrument. Have him "rehearse" before you.

❖

When you replace protruding viscera, be sure that your finger goes through the wound. You will so avoid getting the bowel into some inter-muscular interstice.

❖

If you have not a nurse at your office make your examination and measurements of pregnant women at their homes; be thorough and save later trouble.

❖

So little fear of leprosy is left in Hawaii that healthy persons who have become residents of the leper island, Molokai, refuse to leave it. They get free living and the climate is delightful.

❖

"Beneath are the pieces of Susan Lowder, who burst while taking a seidlitz powder.

She was taken quick to her Heavenly rest because the thing hadn't effervesced."

Cystitis, Acute: For gonorrheal or catheter cases with bacteria in urine, salol, Urotropin; or a grain a day of arbutin.